

Sexual Minority Stress, Resilience, and Intimate Relationships:
An Examination of Individuals with Commitment Uncertainty

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Eugene L. Hall

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Dissertation Advisor
Steven M. Harris, Ph.D., LMFT

Dissertation Committee
Elizabeth Wieling, Ph.D., LMFT
Cynthia Meyer, Ph.D., L.P.
Eli Coleman, Ph.D.

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Dedication

This dissertation is dedicated to all those who have been rejected for being different.

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Abstract

Minority stress has been shown to negatively impact the mental health of sexual minorities and decreases same-sex relationship well-being. This dissertation examined the impact of minority stress on the mental and relational health of sexual minority individuals in same-sex relationships at the individual and couple level. The sample consisted of 280 participants, all of whom indicated they were currently in committed same-sex relationships and had seriously considered terminating their relationship at some point in the last six months. Data were analyzed using structural equation modeling with latent mediation and moderation. The first results of the first analysis showed that family rejection and nondisclosure were associated with increased uncertainty regarding one's commitment to their relationship. Family rejection increased nondisclosure and decreased redemptive framing. Redemptive framing fully mediated the relationship between family rejection and uncertainty. Results of the second analysis indicated that social recognition can increase negative mental health symptoms through an increase in perceived constraint on the relationship. LGBT community connectedness moderated the relationship between social recognition and perceived constraint. At low levels of connection, recognition had some effect on constraint while high levels of connection resulted in a more substantial increase in constraint due to recognition. Clinical implications and future directions are discussed.

Keywords: social recognition, mental health, sexual minority, same-sex relationships, structural equation model, latent moderation, sexual minority, relationships,

minority stress, same-sex relationships, structural equation model, mediation,
commitment uncertainty, redemptive framing

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Introduction

Over 11.3 million people in the United States identify as a sexual minority (i.e., lesbian, gay, bisexual) (Adult, 2019). In 2017, an estimated 646,600 same-sex cohabiting couples were living in the U.S. From a representative sample of sexual minorities, researchers found that 47% of participants ages 18-25, 62% aged 34-41, and 87% who were 52-59 years old were in a same-sex relationship (Meyer & Krueger, 2019). Sexual minorities are at risk for mental health issues and experience unique strain on their mental health and relationships due to their stigmatized identities, broadly referred to as minority stress (Cao et al., 2017; Meyer, 2003). Previous research points to the need for a better understanding of how sexual minorities in same-sex relationships are impacted by minority stress (Cao et al., 2017; Frost et al., 2017; Leblanc, Frost, & Wight, 2015). The author of this dissertation conducted two studies that examine the impact of minority stress on both individual and relational outcomes using a sample of sexual minority adults. Each study provides new knowledge of the complicated pressure that those in same-sex relationships face, as well as illustrates the importance of resilience in decreasing the negative effects of minority stress.

The negative outcomes of minority stress may differ from person to person but, when looking at the population collectively, lead to a substantial impact on the health and well-being of sexual minorities (Meyer, 2003; Meyer & Frost, 2013). For example, when looking at representative data we see that this population is more likely to experience substance abuse issues, 1.5 times more likely to experience depression and anxiety, and are twice as likely to attempt suicide when compared to cisgender and heterosexual peers

(Institute of Medicine, 2011). Another way to understand these mental health disparities is to look at what groups are receiving treatment for mental health issues in clinical settings. One longitudinal study of 30,730 individuals' health records showed that 3.2% of heterosexuals and 5.8% of lesbian/gay individuals had attended at least one psychiatric healthcare visit (Bränström, 2017). This study emphasized the role that minority stress played in these higher rates for sexual minority individuals.

Research has also examined the influence of minority stress on SGM relationships (Cao, Zhou, et al., 2017; Leblanc, Frost, & Wight, 2015a; Sharon S Rostosky, Riggle, Gray, & Hatton, 2007). Broadly speaking, minority stress is associated with decreased relationship well-being for same-sex couples, but more research is needed on specific outcomes at the couple level (Cao, Zhou, et al., 2017). The legalization of same-sex marriage in the United States (*Obergefell v. Hodges*, 2015) extended marriage rights to sexual minorities and provided an important protection for this population. Research shows legal marriage can protect against some negative outcomes attributed to minority stress for sexual minority individuals in same-sex relationships (LeBlanc, Frost, & Bowen, 2018). For many SGM individuals, discriminatory policies have led to uncertainty in their political and social environments (Monk & Ogolsky, 2019), and some face uncertainty in their intimate partner relationships (Barrantes, Eaton, Veldhuis, & Hughes, 2017). The first study examines the influence of two known minority stressors, family rejection (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010) and nondisclosure (Pachankis & Bränström, 2018), and their impact on commitment uncertainty (Owen et al., 2014) for sexual minorities in same-sex couples.

Resilience is also a key factor of the minority stress equation (Meyer, 2015). Many researchers have begun to identify types of, and a framework for, resilience with SGM individuals and families that can reduce the negative effects of minority stress (Bruce, Harper, & Bauermeister, 2015; Meyer, 2015; Prendergast & MacPhee, 2018). However, little is known about the impact of specific minority stressors and potential protective factors on intimate partner relationships among SGM couples (Cao, Zhou, et al., 2017). One resilience factor shown to promote positive aspects of same-sex relationships is redemptive framing (Frost, 2014; Stewart, Frost, & LeBlanc, 2019). Redemptive framing has been referred to as a strategy for turning negative experiences into positive and strengthening narratives (Frost, 2014; McAdams, 2006). As an example, two individuals in a same-sex relationship face discrimination via slurs as they walk together down the street. The couple later processes this experience, and, in turn, they learn about one another's past experiences with discrimination which consciously brings these partners closer together. The first study incorporates redemptive framing to better understand its potential to protect against family rejection and nondisclosure in the minority stress/resilience process.

The health and well-being of sexual minorities in same-sex relationships can be a source of both vulnerability and resilience in social contexts with unaccepting views toward homosexuality (Frost et al., 2017; Gaines & Henderson, 2004; Leblanc, Frost, & Wight, 2015; Rolfe & Peel, 2011; Sharon S. Rostosky & Riggle, 2017). Social and legal recognition are factors that promote mental health and increase relationship well-being for this population (Riggle, Rostosky, & Horne, 2010; Shulman, Weck, Schwing, Smith,

& Coale, 2009; Thomeer, LeBlanc, Frost, & Bowen, 2018). Connection to a LGBT community is also a resource for some same-sex couples (Frost & Meyer, 2012; Kaniuka et al., 2019; McConnell, Janulis, Phillips Ii, Truong, & Birkett, 2018). Social recognition can have a range of influences on same-sex couple relationships such as decreasing substance use and symptoms of mental health, while contributing to negative emotional states after the dissolution of a committed relationship (LeBlanc, Frost, & Bowen, 2018; Balsam, Rostosky, & Riggle, 2017).

The research on same-sex relationships supports the claim that perceived discrimination can lead to negative emotions for separated same-sex couples through a sense of failure to the LGBT community and a fear of supporting problematic stereotypes (Riggle & Rostosky, 2007; Shulman, Gotta, & Green, 2012). This unique pressure on same-sex relationships will be understood as structural relationship constraints, the positive or negative influences that keep an individual in a relationship (e.g., lack of alternatives, financial investment) (Stanley & Markman, 1992; Stanley, Rhoades, & Whitton, 2010). The second study seeks to understand how this type of relationship constraint can impact mental health. Further, this situates LGBT community connectedness as a potential moderator of the relationship between social recognition and constraint. The independent and combined knowledge of these studies adds to our knowledge of the minority stress process in the context of same-sex relationships, provides clinicians tools for best practice with sexual minority clients, and outlines important next steps for researchers seeking to improve the lives of this population.

The two analyses presented in this dissertation come from a larger dataset looking at minority stress, divorce ideation & commitment uncertainty, and several protective factors for individuals in a committed same-sex relationship. The dataset also contains measures of substance use, symptoms of Post-Traumatic Stress Disorder (PTSD), experiences related to parenting as a sexual minority (e.g., connectedness to other sexual minority parents), other measures of minority stress (e.g., stigma), and previously evidenced factors that protect against the negative effects of minority stress (e.g., spirituality). Subsequent analyses from this dataset will aim to better understand the influence of PTSD symptomology and parenting status on the well-being of same-sex relationships.

The two current studies were chosen for several reasons. First, the two studies address stress processes at a number of different levels: societal, family, couple, and individual. As such, this dissertation provides a systemic perspective of minority stress and its impact on same-sex relationship well-being. The first analysis looks at two previously evidenced minority stressors and their influence on commitment uncertainty, which (to the author's knowledge), does not exist in the extant literature. The second analysis was chosen to highlight sexual minority relationship constraints, including social influence and its impact on mental health. Each analysis highlights the negative impact of minority stress through unique stressors placed on same-sex relationships. Together, the two studies aim to highlight the complex nature of sexual minority stress and the importance of intimate relationships in the stress and resilience processes.

Family Rejection, Nondisclosure and Commitment Uncertainty:

Reframing Minority Stress for Same-Sex Couples

Literature Review

Family Rejection

Approximately one third of SGM individuals experience rejection by their families due to their stigmatized identities (Rosario & Schrimshaw, 2013). Ryan, Russell, Huebner, Diaz, and Sanchez (2010) found that rejection by family in adolescence was associated with decreased self-esteem and social support, and lower levels of health in adulthood. Family rejection has also been shown to predict mental health problems (i.e., depression, suicidal ideation, and suicide attempts) and substance misuse (i.e., heavy drinking, illicit substance use) for SGM adults (Ryan, Huebner, Diaz, & Sanchez, 2008). Several studies have evidenced the role of family rejection in SGM homelessness (Bird, LaSala, Hidalgo, Kuhns, & Garofalo, 2017; Robinson, 2018; Schmitz & Tyler, 2018).

Although unaccepting families can negatively impact an individual prior to disclosure of one's sexual orientation or identity (B. Green, 1998), disclosure typically prompts rejective behavior for unaccepting parents (D'Amico & Julien, 2012; D'amico, Julien, Tremblay, & Chartrand, 2015). Religious and/or social beliefs are primarily attributed to family rejection of sexual minorities (Baiocco et al., 2015; Zeininger, Holtzman, & Kraus, 2017). However, family reactions may differ due to meanings made of a family member's sexual orientation, assumptions regarding the cause of sexual minority identity, socioeconomic status, and family members' expectations (Jhang, 2018; Willoughby, Doty, & Malik, 2008). In a 7-year longitudinal study of gay male parental

relationships, family rejection was found to be associated with parental unfinished business (Pachankis, Sullivan, & Moore, 2018). Parental unfinished business, or unresolved negative thoughts and feelings, after disclosure was then predictive of symptoms of depression and social anxiety (Pachankis et al., 2018).

Few studies have examined the specific impact of family rejection on outcomes salient in adulthood (Caitlin Ryan et al., 2010). Ryan et al. (2008) found a significant association between experiencing family rejection and sexual risk-taking behavior (i.e., unprotected sex with a casual partner, having had a diagnosis of a sexually transmitted infection). Family rejection, along with several other minority stressors, can occur exclusively at the couple level (Frost et al., 2017; Leblanc et al., 2015a; Ocobock, 2013). Ocobock (2013) found that men in a same-sex marriage sometimes reexperience family rejection. Participants in their study described feeling hopeful that unaccepting family members would better understand their identity after committing to their partner. Along with this reexperienced rejection, some participants were rejected by family members they previously thought to be accepting. These participants reported feeling confused by parallel messages of love and rejection, as well as statements of rejection because of their same-sex relationship (Ocobock, 2013). In a qualitative study of 120 same-sex couples, Frost et al. (2017) found that some participants reported being allowed to participate in family events with the condition their same-sex partner not attend.

Nondisclosure of Sexual Minority Identity

Coming out can be a very difficult and complex event or process for sexual minority individuals (D'amico et al., 2015). An individual's agency over outness, or the

extent to which one's interpersonal network (e.g., family, friends, co-workers) knows of their sexual orientation, is ideal, however some sexual minorities do not have a choice of disclosing their identity when they are ready (Jhang, 2018; Orne, 2011). Some researchers have distinguished between different types of coming-out processes to better identify some of the complexity with this event (Jackson & Mohr, 2016). Jackson and Mohr (2016) define concealment, "as the extent to which one attempts to prevent one's stigmatized identity from being known by others", while the authors define disclosure and nondisclosure "as the extent to which one has revealed one's stigmatized status to others" (as cited in Meidlinger & Hope, 2014) (p. 81). In this way, outness can be understood as the number of individuals one has disclosed their stigmatized identity to, and the level of disclosure for each individual.

Whichever construct is used, limiting disclosure is generally associated with poor mental and physical health and relational well-being (K. E. Green & Feinstein, 2012; Jackson & Mohr, 2016; Meidlinger & Hope, 2014; Pachankis & Bränström, 2018). Meidlinger and Hope (2014) conducted a validation study of concealment and disclosure. The authors found that concealment and nondisclosure was associated with increased social anxiety and social support, as well as a decrease in social support (Meidlinger & Hope, 2014). Williams, Mann, and Fredrick (2017) found that proximal minority stressors (including concealment) lead to decreased psychosocial resources (i.e., self-compassion, self-esteem, perceived social support) that subsequently takes a toll on general and mental health. Another study explored outness and its associations with

anxiety related disorders and found concealment leading to an increase in social phobia specifically (Cohen, Blasey, Barr Taylor, Weiss, & Newman, 2016).

Several researchers have highlighted the dilemma of non/disclosure (D'amico et al., 2015; Sharon Scales Rostosky, Riggle, Gray, & Hatton, 2007). For many sexual minorities, disclosure of identity may lead to rejection and/or discrimination (Pachankis & Bränström, 2018), posing a potential -damned if I do and damned if I don't- daily decision to make. Less evidenced are the positive outcomes of nondisclosure (Feinstein, Dyar, & London, 2017; Huebner & Davis, 2005; Riggle, Rostosky, Black, & Rosenkrantz, 2016). In their study of sexual minority women, Feinstein, Dyar, & London (2017) found that more outness is a risk factor for alcohol and drug abuse with the bisexual women in their sample but not lesbian and queer women. Riggle et al. (2016) found that more outness was associated with more depressive symptoms. Lastly, one study found that "out" gay and bisexual individuals at work have higher levels of cortisol (a hormone linked with stress) and report more negative affect than those who have not disclosed their identity (Huebner & Davis, 2005).

Research regarding the impact of a minority stressor, such as nondisclosure, on the health and well-being of same-sex relationships is limited (Cao, Zhou, et al., 2017; Feinstein, McConnell, Dyar, Mustanski, & Newcomb, 2018). A recent meta-analysis on minority stress and same-sex relationships identified internalized homophobia as the most researched minority stress influence on same-sex relationships, however a moderate number examined nondisclosure (Cao, Fang, et al., 2017). Dispenza (2015) found no significant association between outness and dyadic adjustment with a sample of 170 men

in a same-sex relationship. Caron & Ulin (2013) found a significant positive correlation between outness and relationship quality. For Lesbian women, being in a first same-sex relationship significantly decreases outness compared to those that have had previous same-sex relationships (Reeves & Horne, 2009) and outness increases positive closeness in the relationship (Ackbar & Senn, 2010). In a longitudinal study of 51 LGB individuals in a same-sex relationship, outness did not have an effect on relationship commitment over the six-week study (Mohr & Daly, 2008a). Jordan and Deluty (2005) found that higher disclosure of sexual orientation predicted higher levels of social support but not relationship satisfaction. However, discrepancies in levels of disclosure was negatively associated with relationship satisfaction (i.e., the greater the difference in disclosure between partners lead to decreased satisfaction in their relationship) (Jordan & Deluty, 2005).

Redemptive Framings & Same-Sex Relationships

Recent research on minority stress and resilience has outlined the importance of meaning making in resilience processes for sexual minorities (Frost, 2011, 2014; Rostosky & Riggle, 2017; Stewart, Frost, & LeBlanc, 2019). Rostosky et al. (2007) interviewed 20 gay and 20 lesbian couples about their experiences of minority stress. Several different themes of coping processes among these same-sex couple emerged including self-acceptance; ignoring, compartmentalizing, & externalizing problems; reframing negative experiences; and the development of support systems. The authors recommend the exploration of meanings when working with same-sex couples in therapy as a preferred intervention to “traditional problem-focused coping strategies” (Rostosky

et al., 2007, p. 398). In their dyadic qualitative study of 40 same-sex couples, Stewart et al. (2019) found that minority stress erodes positive feelings and experiences. However, some couples in the study were able to turn negative experiences of minority stress into positive ones which strengthened their couple relationship.

Several researchers have understood this type of resilience narrative as redemptive in nature or have redeeming qualities where change from negative to positive occurs (Frost, 2011, 2014; D. McAdams, 2006; D. P. McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). Redemptive stories or narratives, then, are those that begin with an individual in a negative emotional state, but this ultimately leads to a state of happiness or growth (McAdams, 2006). Frost (2011) analyzed the narratives of 99 individuals in same-sex relationships and found that a portion of their sample had engaged redemptive framing to turn minority stress (i.e., stigma) into growth experiences. Redemptive narratives are associated with increased life satisfaction and self-esteem, as well as a decrease in depressive symptoms (McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). In this study, McAdams, Reynolds, Lewis, Patten, and Bowman, (2001) situate their results regarding redemptive framing as existing in an individual's identity construction process. Another study by Frost, used a mixed-method design and a sample of individuals in same-sex relationships (2014). Redemptive framing was positively associated with closeness in a participant's relationship (Frost, 2014). It is important to note that the author of this article cautions against conceptualizing redemptive framing as an individual trait or strength. The development of this resilience may be subject to contextual factors that preclude certain individuals from being able to do so (Frost, 2014).

Redemptive framing in the current study is examined to better understand its relationship to minority stress, as well as its influence on commitment uncertainty in the context of same-sex relationships.

In line with redemptive reframing is the similar concept of positive marginality or turning aspects of a marginalized identity into strengths that promote community building (Meyer, Ouellette, Haile, & Mcfarlane, 2011; Unger, 1998, 2000). In a qualitative study of 57 sexual minorities, researchers asked participants “What do you think your life would look like without homophobia, racism, and sexism?” (Meyer et al., 2011). Positive marginality was a predominant theme across responses as participants attributed important identity characteristics, expanded worldviews, and connections to communities to their lived experiences of homophobia, racism, and sexism. Another study that incorporated positive marginality found that SGM people of color on community, identity, and discrimination (Ghabrial, 2017). The author found that positive intersectionality was a unique form of positive marginality for those with marginalized identities. Participants in this study described their marginalized identities as mechanisms by which they are able to identify unique needs of others and protect against harmful minority stress experiences (Ghabrial, 2017).

Commitment uncertainty and minority stress

Commitment uncertainty is one aspect of intimate partner relationships that has been well researched and exists in both married and unmarried individuals (Knobloch, 2008a; Quirk et al., 2016; Reczek, Elliott, & Umberson, 2009). Owen and colleagues define commitment uncertainty as the phenomenon of wavering, uncertain, or unknown

commitment towards a relationship comprised of two primary types: dedication to the relationship and pressures to remain in the relationship (2014). These authors differentiate between commitment uncertainty and relationship ambivalence, where ambivalence is trait-like and refers to concurrent feelings of being in or being out as an evaluation of their partner or the relationship (e.g., “I love him so much but he is driving me up a wall” (Owen et al., 2014). Pepper (1993) also identified relationship ambivalence as a distinct concept where ambivalence is the co-existence of conflicting feelings towards a partner or a relationship. Commitment uncertainty, however, is referred to as a commitment process where an individual is unsure about their commitment to the relationship, making it challenging to decide whether to stay or leave (Owen et al., 2014). Relational uncertainty is a novel concept that can also be distinguished from, but overlaps with, commitment uncertainty (Knobloch & Solomon, 1999). Relational uncertainty refers to the state of being unsure about one’s own and their partner’s involvement in a relationship, as well as doubt about the future of the relationship (Knobloch, 2008b; Knobloch & Solomon, 1999). For this study, commitment uncertainty is defined as the state of being unsure or undecided about commitment to the relationship or the experience of ongoing questioning as to whether one wants to stay in or leave the relationship.

Commitment uncertainty has been associated with relationship termination and serious monitoring of alternatives to the relationship (Quirk et al., 2016), relationship dissatisfaction (Owen, Keller, et al., 2014), and can be caused by previous relationship cycling (i.e., breaking up and getting back together) (Vennum, Lindstrom, Monk, &

Adams, 2014). Relational uncertainty has been shown to increase stress reactivity, depressive symptoms, and aggressive behaviors between partners (Knobloch & Knobloch-Fedders, 2010; Knobloch & Solomon, 2003; Priem & Solomon, 2011). Further, relational uncertainty increases negative emotions and experiences of relationship turmoil for oneself, but also proliferates in couple relationships and increases negative emotions of their partner (Knobloch & Theiss, 2010). The same study also found evidence that appraisals of relationship turmoil from one partner increases uncertainty in the other over time. What is evident from previous research is that the stress of uncertainty in relationships can have deleterious effects on physical, mental, and relational health and well-being (Knobloch & Knobloch-Fedders, 2010; Knobloch & Solomon, 2003; Knopp, Rhoades, Stanley, Owen, & Markman, 2014; Priem & Solomon, 2011).

Sexual minority individuals are subject to additional unique stressors, leading to a pile up of stress that can impact same-sex relationships (Cao, Zhou, et al., 2017; Leblanc, Frost, & Wight, 2015b; Meyer, 2003b; Sharon Scales Rostosky & Riggle, 2017). For example, a study of 232 gay men cohabiting with a same-sex partner found that vicarious shame decreases overall commitment to their relationship through internalized homophobia (Greene & Britton, 2015). Khaddouma et al. (2015) also looked at factors impacting same-sex relationships and found that sexual identity distress leads to relationship instability. Doyle and Molix (2014) found that daily discrimination impacted same-sex relationship quality by impacting an individuals' self-image. Frost and Meyer (2009) evidenced the mediating role of depression on the relationship between

internalized homophobia and relationship strain for sexual minorities in their study. To date, no studies have specifically looked at the influence of minority stress on commitment uncertainty.

Theoretical Framework

This study's design and analyses are grounded in the Minority Stress Model (Meyer, 2003; Whitchurch & Constantine, 1993). The Minority Stress Model identifies the process by which the unique stressors experienced by sexual minorities lead to negative outcomes. The model outlines an important distinction between distal (experiences stemming from events outside an individual) and proximal (internalized experiences) stressors provide a framework from which to develop research studies and analytic plans, as well as ground interpretation of results (Meyer, 2003a, 2015). As discussed above, outcomes attributable to distal stressors like family rejection and proximal stressors like nondisclosure can lead to internalizing outcomes (e.g., anxiety) and externalizing outcomes (e.g., substance use). With respect to same-sex couple research, couple-level outcomes are of interest for this study (Holman, 2018; Leblanc et al., 2015). Couple-level outcomes could be measures of conflict in a relationship, termination of the relationship, or relationship satisfaction. The outcome of interest in this study, commitment uncertainty, will be understood as an undesirable outcome potentially influenced by minority stress.

The minority stress model has been previously used in several studies with sexual minority samples to identify the influence of minority stress on individual health (Frost & Meyer, 2015; Pachankis et al., 2015) and relationship (Frost & Meyer, 2009; Šević,

Ivanković, & Štulhofer, 2016) outcomes for this population. In their study of 374 gay and bisexual men, Pachankis et al. (2015) applied the minority stress model to frame their analysis of minority stress, emotion regulation, mental health, and sexual compulsivity. The authors found evidence that emotion regulation challenges may partially mediate the influence of minority stress on sexual compulsivity through common mental health symptoms (Pachankis et al., 2015). The minority stress framework was also used to analyze the impact of internalized homophobia on emotional intimacy and sexual satisfaction for gay and bisexual men (Šević et al., 2016). Further, the study compared levels of these two relational outcomes between the sexual minority subsample and a subsample of heterosexual peers (Šević et al., 2016). See Figure 1.1 for an illustration of the hypothesized model.

Purpose

The primary objective of this study was to examine the influence of both a distal (i.e., family rejection) and a proximal (i.e., nondisclosure) minority stressors on commitment uncertainty within same sex committed relationships. Further, the study examines the mediating influence of redemptive framing, or the transformation challenges to forms of resilience (Frost, 2014; Unger, 1998) on the relationship between minority stress and commitment uncertainty. In this study, redemptive framing focused on couple-level strengths (e.g., being in a relationship outside of societal norms has given me a unique perspective of my current relationship). Based on previous research, we hypothesized:

H₁: Family rejection will increase nondisclosure of sexual orientation.

H₂: Family rejection will decrease redemptive framing.

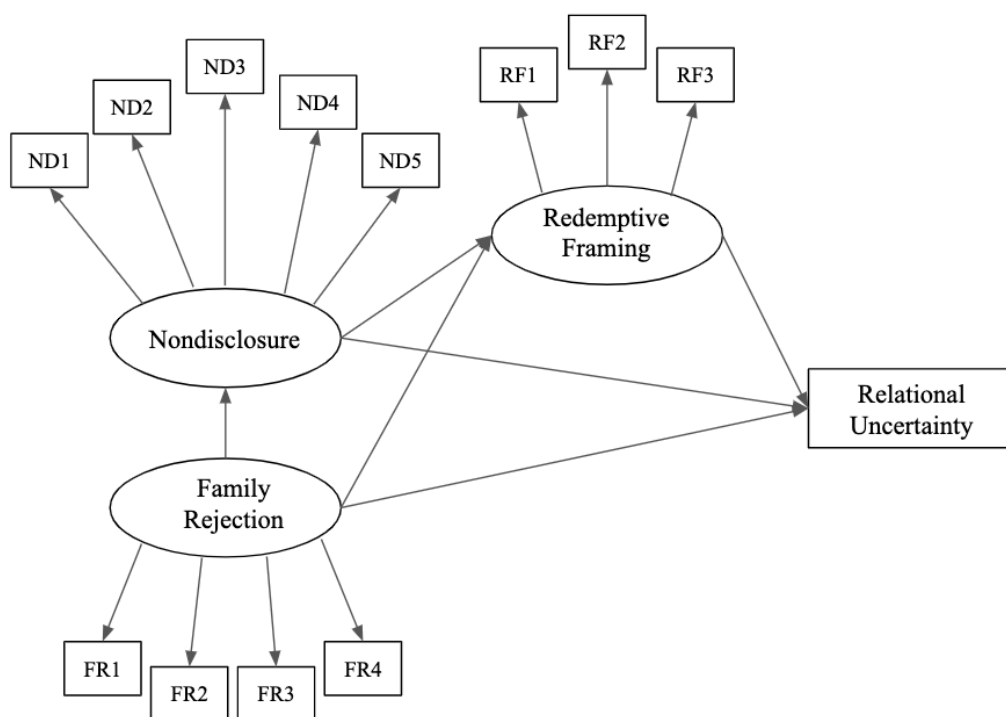
H₃: Nondisclosure of one's sexual orientation will decrease redemptive framing.

H₄: Redemptive framing will decrease commitment uncertainty.

H₅: Redemptive framing will mediate the relationship between family rejection and commitment uncertainty.

H₆: Redemptive Framing will mediate the relationship between nondisclosure and commitment uncertainty.

Figure 1.1.

Hypothesized structural model

Methods

Sample

The cross-sectional study surveyed 100 gay and 182 lesbian (n=280) participants from across the U.S. who are currently in a committed same-sex relationship and have thought about terminating their relationship in the last six months. Participants were 18 years of age or older and self-identified their current relationship status. Data were collected using Qualtrics sampling service. The basic inclusion criteria were that participants (1) identify as gay or lesbian, (2) are currently in a committed same-sex relationship, and (3) have seriously considered ending their relationship at least once in the last six months. The inclusion criteria were developed to identify a specific subset of individuals in same-sex relationships that have recently experienced some level of commitment uncertainty. These criteria build off results of a recent nationally representative study of married individuals (N=3,000) and found that over 25% of married individuals had thought about divorce in the last 6 months (Hawkins et al., 2017). This study focused on divorce ideation, or the thoughts an individual has about ending their relationship, as the outcome under examination. Results showed that divorce ideation can be dynamic and does not mean an individual will soon end their relationship (Hawkins et al., 2017).

To identify participants with divorce ideation, participants were asked, “In the past 6 months, have you had serious concerns about your marriage that included the possibility of divorce?” The current study applies this knowledge to directly identify those in a same-sex marriage who have recently experienced divorce or separation

ideation, a primary variable of interest in the larger study. Thus, “*Have you seriously considered divorcing/separating from your spouse/partner in the past six months?*”, was shown to participants at the beginning of the survey as noted above. Participants who identified themselves as married were shown responses specific to marriage (e.g., spouse, divorce), while unmarried participants were shown parallel but more ambiguous terminology (e.g., partner, separation). Further, to ensure the comparability of commitment, unmarried individuals must have been cohabiting with their current partner and needed to answer yes to “*Are you and your current partner cohabiting?*” before continuing with the primary survey items.

The age of participants ranged from 19-74 years ($M=37.08$) and they had been with their partner between 1 and 39 years ($M=7.74$). The sample consisted of both female ($n=180$) and male ($n=100$) individuals; 4.8% of the participants also identified as a gender minority ($n=12$). The sample contained both married ($n=124$) and cohabiting unmarried participants ($n=156$). Level of education varied in the sample with 24.3% ($n=68$) of participants indicating they had a high school diploma or did not complete high school, 32.9% ($n=92$) having an associate’s degree or completing some college, 20% ($n=56$) with a bachelor’s degree, and 22.9% ($n=64$) having a master’s degree, doctorate degree, or a professional degree beyond their bachelor’s degree. Annual income also varied in the sample with 22.9% ($n=64$) making \$24,999 or less, 27.1% ($n=76$) making \$30,000-\$54,999, 26.4% ($n=74$) earning \$55,000-\$99,999, and 23.6% ($n=23.6\%$) taking in over \$100,000. 2.5% ($n=7$) of participants identified themselves as American Indian or Alaskan Native, 5% ($n=14$) Asian, 16.8% Black or African American, 67.1% ($n=188$)

Caucasian, and 6.8% as something that was not listed. A moderate number of respondents identified as Hispanic or Latino/a ($n=64$, 22.9%). See Table 1.1 for further descriptive statistics from the sample.

Measures

Family Rejection. Family rejection was measured using a 4-item scale assessing the level of perceived family behavior based on an individual's sexual minority identity. Respondents ($N = 280$) reported how true each statement was on a scale of 1 (Not at all true) to 5 (Completely true): "I have strong relationships with my family," "My family is accepting of my sexual orientation." The Family Rejection scale was developed for this study to reflect family acceptance (Katz-Wise, Rosario, & Tsappis, 2016), family support (Ocobock, 2013), and interaction (Caitlin Ryan et al., 2010). Participants were informed that for the purpose of this study, family can be defined as parents, siblings, aunts/uncles, and grandparents. This allowed for the inclusion of various family relationships. Two items were removed from this scale due to factor loadings below .06. Items were reversed coded and demonstrated good reliability ($\alpha = .856$).

Nondisclosure. The level of nondisclosure was measured using a 5-item scale that asked respondents ($N=280$) to identify how "out" they were (scaled 1 (out to none) to 5 (out to all)) to different groups of people ("family." "co-workers") (Meyer, Rossano, Ellis, & Bradford, 2002). Scores were reverse coded so higher scores reflect more nondisclosure. Noteworthy in this scale is the inclusion of "healthcare providers" which integrates a system where SMG individuals often do not have a choice to avoid but

discrimination exists (Burke et al., 2015) The mean scores ranged from 5 to 25 and showed good reliability ($\alpha = .831$).

Redemptive Framings. Redemptive framing of minority stress was measured using a 3-item scale developed for this study. We asked participants how true the following statements were from 1 (Not at all true) to 5 (Completely true): “As an individual in a same-sex relationship, I have been able to build my relationship in positive ways that are outside of societal norms,” “I believe that being in a same sex relationship, that is sometimes not accepted by society, has brought my partner and I closer together,” and “As a sexual minority (e.g., gay, lesbian, bisexual), I am able to have a unique view of my couple relationship that others do not have of their own” ($\alpha = .826$, $N=280$). Items were derived from the literature on redemptive framing and positive marginality (Frost, 2014; Meyer et al., 2011; Unger, 2000). The items refer generally to the challenge or stress aspect of redemptive framing. The measure is intended to capture the positive narratives that can derive from stressful experiences of having a stigmatized identity.

Commitment Uncertainty. Commitment uncertainty was measured using 1 item from the Commitment Uncertainty Short Scale (CUSS) (Owen, Rhoades, et al., 2014). The first item of the CUSS, “How committed are you to this relationship?” was scaled from 1 (Not at all committed) to 100 (Very Committed). Participants’ responses were recoded to, instead, measure the distance from the midpoint (50). The midpoint was subtracted from each response before taking the absolute value of this integer. These responses measuring distance from the midpoint were recoded (e.g., 40=10) so that high

values indicated further distance from the midpoint and can range from 0 to 50. In this way, a score of 80 and a score of 20 would both be recoded as 30. With this method, the item measures uncertainty while decreasing the amount of effort in responding. This measure also provides a method of simultaneously measuring varying levels of uncertainty for individuals wavering more on the committed end and those more on the uncommitted end of this scale.

Covariates. Several demographic factors were included in the final model as covariates. Age and income were treated as continuous variables. Education (High school diploma or less, Some college or associate's degree, Bachelor's degree, or Master's, doctorate, or professional degree), Income (\leq \$24,999, \$30,00-\$54,999, \$55,000-\$99,999, \geq \$100,000), Marital status (0=unmarried, 1=married), and Race (American Indian or Alaskan Native, Asian, Black or African American, Caucasian, Other/Something else not listed) were treated as categorical variables. See Table 1.1 for descriptive statistics of the sample.

Table 1.1.

Sample descriptive statistics

Variables	M (SD)	Range
Age	37.08 (11.23)	19-74
Relationship Duration	7.74 (7.71)	1-39
Education	N (%)	
High school diploma or less	68 (24.3%)	
Some college or associate's degree	92 (32.9%)	
Bachelor's degree	56 (20.0%)	
Master's, doctorate, or professional degree	64 (22.9%)	
Gender	100 (35.7%)	
Male	180 (64.3%)	
Female		
Annual Income	64 (22.9%)	
\$24,999 or less	76 (27.1%)	
\$30,00 to \$54,999	74 (26.4%)	
\$55,000 to \$99,999	66 (23.6%)	
\$100,000 or more		
Marital Status		
Married	124 (44.3%)	
Unmarried	156 (55.7%)	
Race		
American Indian or Alaskan Native	7 (2.5%)	
Asian	14 (5%)	
Black or African American	47 (16.8%)	
Caucasian	188 (67.1%)	
Other/Something else not listed	19 (6.8%)	

Analyses

The data were initially cleaned and exported using SPSS 23. The statistical analyses were conducted using Mplus 8.3. Data were analyzed using Structural Equation Methods (SEM) with mediation (Byrne, 2012; Gunzler, Chen, Wu, & Zhang, 2013; Iacobucci, Saldahna, & Deng, 2007; Kline, 2016). Three of the four variables were treated as latent constructs. SEM is a preferred method for assessing mediation because it allows for mediation analyses with multiple variables and provides better results than basic regression (Iacobucci et al., 2007). The first step in SEM is to fit a measurement model using a Confirmatory Factor Analysis (CFA) to ensure the validity of each measure (Kline, 2016). Further, conducting a CFA reduces the amount of potential error for the subsequent estimation of structural paths (Kline, 2016). Modifications to the model can be made based on model fit statistics and model modification indices.

With an acceptable measurement model (factor loadings $> .06$, RMSEA $\leq .06$, CFI $\geq .95$, and SRMR $\leq .08$), structural paths are then added to the model (Byrne, 2012; Kline, 2016). The variables in this model were ordered based on the minority stress model (Meyer, 2003). The path model will be evaluated to determine significant paths. If significant paths are found, covariates will be added to increase the quality of statistical results. Several model fit indices were used to determine the fit of the model to the data. Criteria for model fit indices vary, however acceptable model fit for this analysis include: RMSEA $\leq .06$, CFI $\geq .95$, and SRMR $\leq .08$ (Hooper, Coughlan, & Mullen, 2008). The dataset contained less than 5% missing data. Missing data were treated with maximum

likelihood estimation robust to non-normality (Muthén & Muthén, 2019; Yuan & Bentler, 1998).

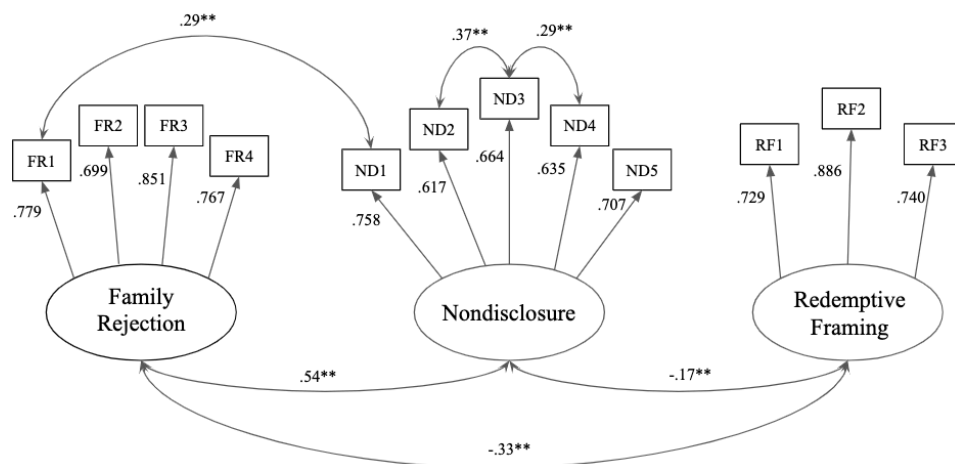
Results

Measurement model

The proposed measurement model resulted in acceptable standardized factor loadings for each indicator in the 3 constructs ($> .06$) after three modifications to the model. See Figure 1.2 for the illustrated measurement model with associated standardized factor loadings, as well as covariances. Paths between the 1st family rejection indicator (“My family acknowledges that my partner and I are in a relationship”) and the 1st nondisclosure item (“Out to family”). The wording of this family rejection asks participants about the level of family acknowledgement. Because acknowledgement requires disclosure, or simply knowledge of, a family member’s identity then the covariation of these items makes theoretical sense. The 2nd (“Out to LGBT friends”) and 3rd (“Out to straight friends”) nondisclosure items also makes theoretical sense due to the close nature between these two systems of people. The same rationale extends to the covariation of the 3rd (“Out to straight friends”) and 4th (“Out to co-workers”) nondisclosure items.

Figure 1.2.

Standardized factor loadings and covariances



**** $p < .01$**

Final Model

In support of H₁, Family Rejection was positively associated with Nondisclosure ($\beta = .51, p < .01$). H₂ was also supported as Family Rejection significantly decreased redemptive framings ($\beta = -.30, p < .01$). In the final model, nondisclosure did not significantly decrease redemptive framing ($\beta = -.07, p > .05$) thereby rejecting H₃. In support of H₄, Redemptive framing significantly decreased commitment uncertainty ($\beta = -.33, p < .01$). There was a significant association between nondisclosure and commitment uncertainty ($\beta = .24, p < .01$). See table 1.2

To analyze potential mediation effects of redemptive framing we followed steps as outlined by Baron and Kenny (1986) and Preacher and Hayes (2007) to determine significant direct and indirect effects. Following the steps in Baron and Kenny's (1986) approach to mediation, we found that family rejection is significantly associated with commitment uncertainty ($r = .25, p < .01$; $\beta = .23, p < .01$). and with redemptive framing ($r = -.30, p < .01$; $\beta = -.32, p < .01$). Nondisclosure was also significantly associated with commitment uncertainty ($r = .30, p < .01$; $\beta = .32, p < .01$) and redemptive framing ($r = -.17, p < .01$; $\beta = -.22, p < .01$). The third step, according to (Baron & Kenny, 1986), is to determine if the mediator significantly influences the outcome variable when controlling for the predictor. Redemptive framing significantly decreases commitment uncertainty ($\beta = -.34, p < .01$) and family rejection maintains a significant relationship with commitment uncertainty ($\beta = .14, p < .05$). Redemptive framing also remains significantly associated with commitment uncertainty ($\beta = .25, p < .01$), as does nondisclosure ($\beta = -.34, p < .01$). See table 1.3 for model fit statistics of each step in this procedure.

In support of H₅, redemptive framing fully mediates the path between family rejection and commitment uncertainty. The path between family rejection and commitment uncertainty became insignificant and close to 0 ($\beta = .02$, $p > .05$) when redemptive framing was added to the model. The indirect effects and bootstrapped confidence intervals for each significant indirect effect were calculated (Preacher & Hayes, 2007). Results showed a significant total indirect effect from family rejection to commitment uncertainty ($\beta = .23$, $p < .01$). Further, the results showed a significant specific indirect effect from family rejection to commitment uncertainty through redemptive framing ($\beta = .10$, $p < .01$) and family rejection to commitment uncertainty through nondisclosure ($\beta = .12$, $p < .01$). The 95% confidence interval estimates for the total indirect effects and the indirect effect from family rejection to commitment uncertainty > 0 , demonstrating reliable estimates. However, the indirect effect from family rejection to commitment uncertainty included 0. See Table 1.4 for total indirect and indirect effects, as well as the 95% confidence intervals of each.

Figure 1.3.

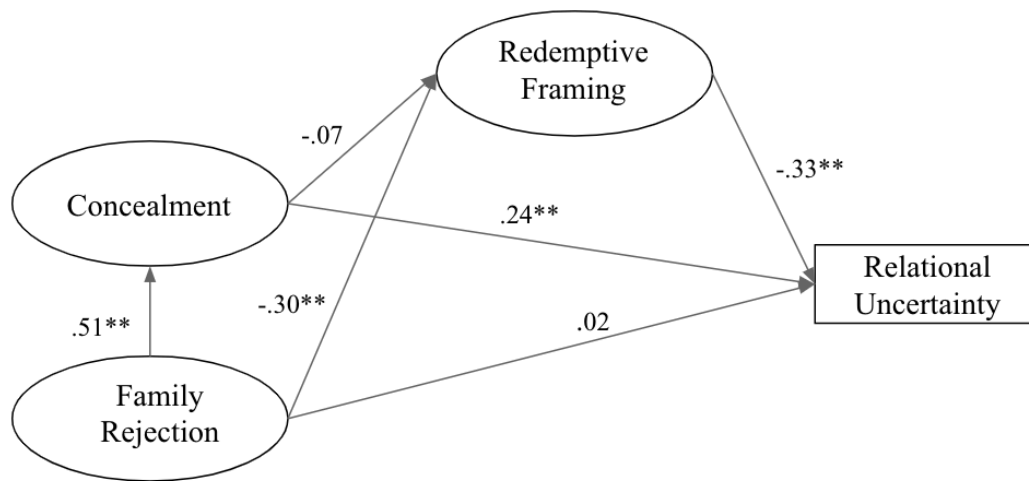
Structural model with standardized path coefficients****** $p < .01$

Table 1.2.

*Means, standard deviation, and correlations of key variables and continuous covariates**(N=280)*

Variables	1	2	3	4	5
1 Family rejection	–				
2 Nondisclosure	.45**	–			
3 Redemptive framing	.30**	.17**	–		
4 Commitment uncertainty	.25**	.30**	-.33**	–	
5 Age	-.17**	-.20**	-.05	-.06	–
Mean	2.38	2.26	3.29	17.77	37.08
SD	1.15	1.03	1.09	16.07	11.23

****** $p < .01$

Table 1.3.

Model fit indices for measurement and structural models

	Robust χ^2	<i>df</i>	RMSEA	CFI	SRMR
Model 1¹	121.245**	51	.070	.939	.052
Model 2²	106.184**	50	.063	.951	.049
Model 3³	89.190**	49	.054	.965	.048
Model 4⁴	76.392**	48	.046	.975	.045
Model 5⁵	177.362**	110	.047	.951	.063

¹ All parameters freely estimated² Covariance path added between “My family acknowledges that my partner and I are in a relationship” and “Out to family”³ Covariance path added between “Out to LGBT friends” and “Out to straight friends”⁴ Covariance path added between “Out to straight friends” and 4th “Out to co-workers”
Final measurement model (see Figure 1)⁵ Full structural model (see Figure 1.2)

Table 1.4.

Standardized bootstrap estimates and 95% confidence intervals for indirect effect

Effects from to psychological distress	Bootstrap estimate	95% CI	
		Lower	Upper
Family rejection to commitment uncertainty			
Total indirect effect	.23**	.10	.43
Specific Indirect effect via			
Nondisclosure	.12**	.10	.29
Redemptive framing	.10**	.02	.22
Nondisclosure to commitment uncertainty			
Total = indirect effect	.02	-.06	.101
Family rejection to redemptive framing			
Total = indirect effect	-.03	-.20	.08

** $p \leq .01$, * $p \leq .05$

Discussion

The results of this study support previous findings that minority stress can have deleterious effects on same-sex relationships (Barrantes et al., 2017; Mohr & Daly, 2008b; Otis, Ristosky, Riggle, & Harmin, 2006). From a sample of 280 sexual minority individuals currently in a committed same-sex relationship, we tested the association between minority stress (family rejection and nondisclosure) and commitment uncertainty. As the MSM outlines, distal minority stressors can lead to proximal stressors (Meyer, 2003a). In support of this minority stress process, the results showed a substantial increase in nondisclosure with increased family rejection. Nondisclosure has been shown to mediate the relationship between anticipated family rejection and satisfaction with life, wherein concerns regarding family rejection does not contribute to decreased life satisfaction when sexual orientation is concealed (Hu, Wang, & Wu, 2013). These and the findings of this study point to the major role family rejection plays in shaping the lives of sexual minority individuals well into their own romantic relationships.

Family rejection and nondisclosure were both associated with an increase in commitment uncertainty. Although both stressors contributed to increased uncertainty independently, explanations of these associations may differ. Deciding whether to stay in a relationship can be a difficult decision and previous research has identified minority stress as a factor that contributes directly to commitment uncertainty (Frost, 2011). Individuals in a same-sex relationship may need to account for additional considerations on the proverbial pros and cons list when contemplating their commitment to a

relationship. For example, an individual in a same-sex relationship may be forced to compare the costs of continued rejection by their family with the benefits of being in their relationship. In line with the couple-level minority stress model, stress may also impact commitment uncertainty through contamination of experiences (Frost et al., 2017; Leblanc et al., 2015b). Distress caused by negative family interactions, or lack thereof, could also spill over from one partner and contaminate partner interactions. In terms of nondisclosure, sexual minorities who conceal their relationship status from family members with unaccepting beliefs might be prompted to evaluate the risks involved with disclosure by continuing the relationship and the perceived benefit of continued concealment by terminating the relationship. Further, distance could develop from the absence of shared experiences during social gatherings with friends or coworkers with their partner. The stress may be two-fold; one partner may experience distress from wanting their partner to be with them and/or potentially be weighed down by the negative impact this type of separation has on their partner.

Family rejection was associated with a decrease in redemptive framing; however, nondisclosure did not independently contribute to a decrease. When both stressors were included in the structural model, family rejection accounted for the variance in redemptive framing caused by nondisclosure. These results are somewhat surprising as the nondisclosure measure incorporated multiple social contexts outside of the family. In other words, it is not surprising that family rejection accounted for the variance in redemptive framing caused by nondisclosure to family but family rejection accounting for the variance in redemptive framing due to concealment from those in- and outside the

family (e.g., friends, coworkers) was not hypothesized. The high correlation between these two stressors and the insignificant path from nondisclosure to redemptive framing point to the possibility that concealment from nonfamily members is still attributable to family rejection. Previous understandings regarding the nature of redemptive framing point to the importance of situating these findings in a social context (Frost, 2014). Previous research on family rejection found an association between family strain and unaccepting family beliefs (Robinson, 2018). In this way, findings can be understood as family strain leading to decreased redemptive framing. Future research could expand redemptive framing to the family members of sexual minorities.

The findings also demonstrate a positive impact of redemptive framing on commitment (un)certainty for individuals in a same-sex relationship. Previous research found that redemptive framing leads to higher levels of closeness in same-sex relationships (Frost, 2014). Commitment uncertainty most certainly parallels distance in close relationships and forgiveness plays an important role in this process (Tsang, Mccullough, & Fincham, 2006). The impact of minority stressors, however, requires a more nuanced perspective to distinctly categorize them in relationship narratives (Frost, 2014). Redemptive framings may work to facilitate integration supportive partner narratives. Since positive marginality increases empathy and understanding for similarly marginalized others (Ghabrial, 2017; Unger, 2000), redemptive framing may act as a inhibitor of distance created by minority stress and decrease susceptibility to uncertainty.

The mediating role of redemptive framing is a primary finding of this study. This form of resilience could play an integral role in the health of same-sex and other

marginalized relationships (Frost, 2011, 2014). Redemptive framing fully mediated the path between family rejection and commitment uncertainty, indicating that negative experiences in relationships due to family rejection are highly influenced by redemptive framing. However, the results indicate that redemptive framing may not have the same effect with nondisclosure. Although more research is needed to fully understand this difference, several inferences can be made. As discussed, redemptive framing may work to increase empathy and understanding in relationships. However, negative impacts of family rejection could be situated with less agency on the part of one's partner. For example, stress contamination from family rejection of one's partner may be understood as outside their control and given more grace when evaluating commitment to the relationship. The negative impact on a relationship from nondisclosure, on the other hand, may not be. Concealment could be more difficult to place in the minority stress context, limiting the influence of redemptive framing. Forgiveness has been shown to predict commitment and closeness in relationships over time (Tsang et al., 2006). Although proximal minority stressors like nondisclosure can be understood as adaptations to circumstances of environment, an individual still has agency over their level of disclosure despite negative consequences. Future research could investigate forgiveness as a construct of redemptive framing.

The paradox of redemptive framing is also worthy of discussion in light of these results. Redemption narratives, themselves, require a challenge or stressful experience before they can become susceptible to an individual coming to an understanding of their redeeming quality. Only one of the items in the measure refers specifically to a form of

stress - “I believe that being in a same sex relationship, that is sometimes not accepted by society, has brought my partner and I closer together”. However, the other two items prompt participants to think about the potential benefit of living, at least somewhat, outside of social norms (“As an individual in a same-sex relationship, I have been able to build my relationship in positive ways that are outside of societal norms” and “As a sexual minority (e.g., gay, lesbian, bisexual), I am able to have a unique view of my couple relationship that others do not have of their own”). In our study, the influence of family rejection on commitment uncertainty was fully mediated by redemptive framing, however nondisclosure to uncertainty was not. This points to the possibility that the influence of distal stressors (e.g., family rejection, stigma, discrimination) on relational outcomes (e.g., uncertainty, conflict, communication) may be influenced more by redemptive framings than proximal stressors (e.g., nondisclosure, internalized homophobia). Since the purpose of nondisclosure can be to avoid or limit stressful experiences (Pachankis & Bränström, 2018), redemptive framing tied to the narratives of nondisclosure may not occur as often.

Clinical Implications

Results from this study support previously reported findings on the importance of positive reframing in reducing the negative impact of minority stress on intimate partner relationships (Frost, 2014; Sharon S Rostosky et al., 2007). Broadly, the results point to the importance of assessing for the severity of specific minority stressors and the extent to which clients engage in redemptive framing. Important to note, the presence of minority stressors does not assume a negative impact on individual and/or relational well-

being. However, clinicians should understand the dilemma of nondisclosure for sexual minority individuals in a same-sex relationship (Rostosky et al., 2007). Nondisclosure can provide some benefit like avoiding the negative impact of family rejection, however, concealing one's identity leads to greater consequences (Harper & Schneider, 2003).

Redemptive (re)framing could be an important intervention(s) for clinicians working with sexual minority individuals and same-sex couples. Regardless of the configuration in therapy, redemptive framing could work to decrease commitment uncertainty and ultimately promote strong same-sex relationships. As noted previously, certainty in this study includes individuals who are highly committed and those that are not. In line with the goals of discernment counseling, this study broadly aims to support interventions that increase clarity and confidence in decision-making regarding the continuation or termination of a relationship (Doherty & Harris, 2017; Doherty, Harris, & Wilde, 2016). Success in couples work is not to ensure commitment and duration, but to support each partner in making decisions that will promote their health and wellbeing.

Discernment counseling points out the challenges common with "mixed-agenda" couples (where one partner highly committed and one with low commitment) that present in therapy. (Doherty, Harris, & Wilde, 2016). Grounding research for this protocol found that a substantial number of married couples had ambivalent attitudes in the divorce process (Doherty, Harris, & Wickel Didericksen, 2016). Interventions like discernment counseling help to reduce reactionary decision-making on the part of a leaning out partner (or the partner ready to leave a relationship) and avoid consequences of unnecessary relationship termination. Redemptive framing could be used in combination

with this type of intervention to help same sex partners establish a coherent narrative of the problems impacting their relationship, including the forces outside each partner's control.

The use of redemptive framing in therapy should not be used with a top-down approach. In other words, a clinician can use the knowledge presented in this article to help in their exploration and identification of redemptive framings as opposed to the deliverance of a redemptive narrative. In line with narrative therapy as developed by Michael White and David Epston, a decentered approach can work to effectively and safely explore with clients of marginalized groups (Freedman & Combs, 1996; White, 2007). The decentered approach allows a clinician to limit assumptions about clients (including their presenting problems) and create a space for investigation. A clinician might ask something like "What are effects of your family not allowing you nor your partner to attend family events?" This allows for the client to bring forth all results of their family's beliefs and actions, whether positive or negative. Further, the clinician is charged with exploration and not the deliverer of an intervention. If the client's narrative is problem saturated, the clinician might ask something more specific like "What, if any, are the positive effects of your family not allowing you nor your partner to attend family events?" Perhaps the client identifies the strengthening of chosen family or intimate partner relationships as they spent more time with these social systems due to limited interaction with family. This redemptive story, then, can be considered a subordinate story that requires further development (Freedman & Combs, 1996; White, 2005). In

order to do so, a clinician must be able to identify this as a positive narrative deserving of more attention.

Limitations and Future Directions

The results of this study were derived from a small nonclinical sample and should be interpreted as such. However, the inclusion criteria of the study (i.e., participants had seriously considered terminating their relationship at some point in the last 6 months) may lend to the interpretability of results for individuals who present in therapy with same-sex relationship concerns. The sample was diverse in terms of socioeconomic status, marital status, and education. The sample primarily identified as Caucasian, potentially introducing bias to the results. The data were cross-sectional and collected from only one partner in a same-sex relationship. Dyadic data could help to reduce error and explain results, particularly regarding stress discrepancies and stress contamination (Frost et al., 2017; Leblanc et al., 2015b; Stewart et al., 2019). The study did not control for relationship duration. However, preliminary analyses found a highly correlation between age and relationship duration and power limitations excluded relationship duration as a covariate. Future studies could further examine the associations of minority stress, resiliency, relationship duration, and the negative impact of commitment uncertainty.

The redemptive framing family rejection and redemptive framing measures in this study require additional examination to establish their validity. Each could be omitting important constructs of these concepts and subsequent research should seek to expand our understanding of their validity in varying sociopolitical contexts. More specifically,

measures unique to the SGM population should be examined in relation to accepting vs. rejecting interpersonal relationships, discriminatory SGM policies, and dominant societal narratives of SGM relationships. The commitment uncertainty item has been used in previous research, however the scaling and recoding implemented in this analysis has not been previously used. Future research could incorporate the rationale behind this method to increase the quality of responses in quantitative research, decrease the duration of surveys, and incorporate both/and perspectives of client outcomes.

Findings support the need for future research to further examine specific minority stressors and their influence on a variety of outcomes associated with the health and wellbeing of intimate relationships. Additionally, research should include exploration of new and previously evidenced forms of resilience. As health disparities for the SGM population persist, so does the need for a greater understanding of factors that promote the wellbeing of SGM individuals and their close relationships. The role of redemptive framing warrants future research of this construct specifically. Subsequent research should include an investigation of clinical implications of resiliency factors like redemptive framing. Future studies might seek to understand how and under what conditions practitioners can best deliver effective interventions that promote evidenced resiliency factors. Finally, research on same-sex relationships could incorporate a prevention framework, including a focus on health policy.

Social Recognition, External Relationship Constraints, and Commitment:
The Moderating Role of Social Support and LGBT Community Connectedness

Literature Review

Social recognition

The legalization of same-sex marriage in the United States brought LGBT marriage equality to many same-sex couples that have historically been denied the right to legally marry. Although an important policy in improving the welfare of same-sex families, opponents publicly advocated for its reversal. This opposition, among other social forces, brought unique pressures and considerations to same-sex couples, such as: feeling the need to resist social institutions that historically have excluded sexual minorities (Rolfe & Peel, 2011), heightened anticipated discrimination limiting disclosing interactions in public (Rostosky, Riggle, Gray, & Hatton, 2007), and those who have dissolved their same-sex relationship have described feeling isolated and without support because their social networks did not perceive their relationship as equal to their heterosexual peers (Balsam, Rostosky, & Riggle, 2017). The growing benefit of recognition for the health and well-being of sexual minorities seem to be inhibited by more modern forms of discrimination.

A substantial portion of research on recognition has identified the protective factor of social valuation and legal recognition of same-sex couples (Bachmann & Simon, 2014; Buffie, 2011; LeBlanc, Frost, & Bowen, 2018; Riggle et al., 2010). For gay men, social recognition has been shown to mediate the relationship between experiences of victimization and life satisfaction (Bachmann & Simon, 2014). Relationship stability

has also been attributed to recognition (Riggle, Rothblum, Rostosky, Clark, & Balsam, 2016; Whitton, Kuryluk, & Khaddouma, 2015). A dyadic investigation of 21 same-sex couples in long-term committed relationships found that social validation supported the longevity of their relationship (Riggle et al., 2016).

Recognition research has identified some complexities in its prediction of same-sex relationship outcomes (Balsam et al., 2017; Fingerhut & Maisel, 2010; Rolfe & Peel, 2011; Shulman et al., 2009). Fingerhut and Maisel (2010) found differences in the effects of social vs. legal recognition in that social recognition was associated with increased relationship satisfaction but the same was not so for legal recognition. However, the results of this study showed that legal recognition increased investment in same-sex relationships indicating the different processes of each. Shulman et al. (2009) identified a common theme of increased pressure on family decision-making due to legal recognition. The multifaceted nature of social and legal recognition warrants further research on its protective factors and accompanying challenges.

LGBT community connection

LGBT community connectedness (LGBTCC) has been shown to play an important role in reducing the negative effects of minority stress for sexually diverse groups (Frost & Meyer, 2012; Kaniuka et al., 2019; Puckett, Levitt, Horne, & Hayes-Skelton, 2015). One study showed that increased levels of internalized homophobia significantly predicted lower LGBTCC (Puckett et al., 2015). Their results also showed connection to a LGBT community significantly decreasing levels of psychological distress, and fully mediating the path between internalized homophobia and mental

health. Kaniuka et al. (2019) examined the impact of perceived stigma on suicidal behavior and mental health using a sample of sexual and gender minority individuals (Kaniuka et al., 2019). The authors also found that LGBTCC moderated the relationship between stigma and suicidal behavior when anxiety symptoms were included in the model but not depression. The authors speculate that these findings could be due to LGBTCC inhibiting the feeling of thwarted belongingness through increased connection and that the disclosing nature of being connected could counteract some positive benefits.

Connection to a LGBT community has also been shown to benefit sexual minority relationships, as well as their individual wellbeing (Gaines & Henderson, 2004). One study found that social disapproval provided opportunities for same-sex couples to strengthen their relationship when faced with this adversity (Gaines & Henderson, 2004; Riggle et al., 2016; Sharon S. Rostosky, Riggle, Rothblum, & Balsam, 2016a). The same study found a common theme of same-sex couple relationships being strengthened through specific support from the LGBT community (Rostosky, Riggle, Rothblum, & Balsam, 2016). A study of enduring same-sex relationships identified the LGBT community as a space where intimate partners could grow closer to one another (Riggle et al., 2016).

As a community-level form of resilience, community connection represents “norms and values, role models, and opportunities for social support” in the LGBT community (Meyer, 2015, p. 211). However, several barriers of connecting with a LGBT community exist. As with most, communities are limited in their capacity to provide support for every individual and their problems can parallel those of a broader society

(Meyer, 2015). Living further from cities with higher concentrations of LGBT individuals may inhibit the feeling of connection with a broader LGBT community but, for many, geographic closeness does not automatically bring a sense of connection (Mills et al., 2001). These nuances emphasize the need for a better understanding of how best to utilize LGBT communities to strengthen the relationships of sexual minorities.

Sexual minority relationship constraints

The unique stressors, and outcomes of these stressors, for same-sex relationships each exist on the individual, couple, and societal levels (Leblanc et al., 2015; Rostosky & Riggle, 2017). One of the more commonly researched outcomes of minority stress is commitment to the relationship (Cao et al., 2017; Sharon Scales Rostosky, Riggle, Dudley, & Wright, 2006). Stanley and Markman (1992) propose two overlapping constructs of commitment: personal dedication and constraint commitment. The authors describe dedication as the personal satisfactions one receives in a relationship. Of interest in this study, however, are the constraints to commitment such as a lack of alternatives to the relationship, financial investments in a relationship, and the social pressures to stay in a relationship (Johnson, Caughlin, & Huston, 2006; Stanley & Markman, 1992). Previous literature on social recognition and same-sex relationship dissolution highlight several unique forms of structural constraints for sexual minorities henceforth referred to as sexual minority relationship constraint.

Recent research has identified a unique form of structural constraint for those in same-sex relationships that sometimes stems from increased recognition (Balsam et al., 2017; Lannutti, 2005; Rolfe & Peel, 2011). Individuals in same-sex relationships have

described both excitement from legal recognition and, at the same time, increased anticipation and experience of stigmatization (Lannutti, 2005). Formalization of same-sex relationships through legal or ceremonial commitments can, itself, bring valuation and recognition (Fingerhut & Maisel, 2010; Riggle & Rostosky, 2007; Whitton et al., 2015). Of particular importance is the “push-pull” themes identified by Shulman and colleagues (2009). These authors depicted the unique strain of apprehension for individuals in same-sex relationships before nationwide marriage equality.

Sexual minority constraint has also been evidenced with samples of sexual minority individuals who experienced the dissolution of their committed relationship (Balsam et al., 2017; Goldberg et al., 2015). One study found that lesbian participants who had dissolved their same-sex relationship felt guilt and shame because marriage equality had so recently been passed (Balsam et al., 2017). Further, participants described feeling as though they had failed the LGBT community because they had been role models for same-sex marriage and feared supporting the stereotype that same-sex relationships will not last. Goldberg et al. (2015) found that some participants also experienced shame because of their shift to an unmarried status in a society that pressures women to marry.

Theoretical Framework

The minority stress model provides a valuable grounding for the methodology and interpretation of results of the current study (Meyer, 2003). A component of this model has resulted in many studies investigating the effects of stigmatization and discrimination of marginalized populations. The model differentiates between stressors that are outside

of an individual's control (distal) and those manifesting within an individual (proximal) (Meyer, 2003, 2015). In this case, social recognition will be contextualized as a distal stressor, sexual minority relationship constraint as a proximal, and mental health as the outcome variable. Also in line with the model, LGBT community connectedness is situated as a form of social support (Meyer, 2003). The minority stress model has been used in a number of studies on the sexual minority population that have examined individual and relational outcomes (Cao et al., 2017; Frost & Meyer, 2015; Hatzenbuehler & Pachankis, 2016)

The study also draws from the couple minority stress model (LeBlanc et al., 2015, Frost et al., 2017). This model adds to the minority stress framework indicates that intimate relationships can be a place where stress manifests and, in turn, contributes to poor mental health outcomes (LeBlanc et al., 2015). The current study situates relationship constraint as an individual-level minority stressor. Future studies using dyadic data could examine varying levels of constraint between partners, as these types of discrepancies could be important in same-sex couple research (LeBlanc et al., 2015; LeBlanc et al., 2018). Couple-level minority stress has been used in a number of studies (LeBlanc et al., 2018) couples, LeBlanc and colleagues found that perceptions of unequal recognition vary between partners and can one's perception of unequal recognition can influence their partner's alcohol use (2018). Thomeer, LeBlanc, Frost, & Bowen (2018) analyzed interviews of 120 same-sex couples and found that the participants anticipated stigma due to their minority identity in a number of situations common to all couple

relationships (e.g., buying a home, parenting). See Figure 2.1 for an illustration of the hypothesized model.

Purpose

The authors of the current study seek to explore the influence of social recognition on sexual minority constraints on committed same-sex relationships, and the mental health impact of these constraints. We also intend to examine the potential interactional influence of constraints and LGBT community connection on perception of constraint. Based on previous research and the minority stress model, we hypothesize the following:

H₁: Social recognition will increase sexual minority relationship constraint.

H₂: LGBT community connectedness will also increase relationship constraint.

H₃: Sexual minority relationship constraint will negatively impact mental health.

H₄: LGBT community connectedness will moderate (i.e., lead to a decrease in)

the

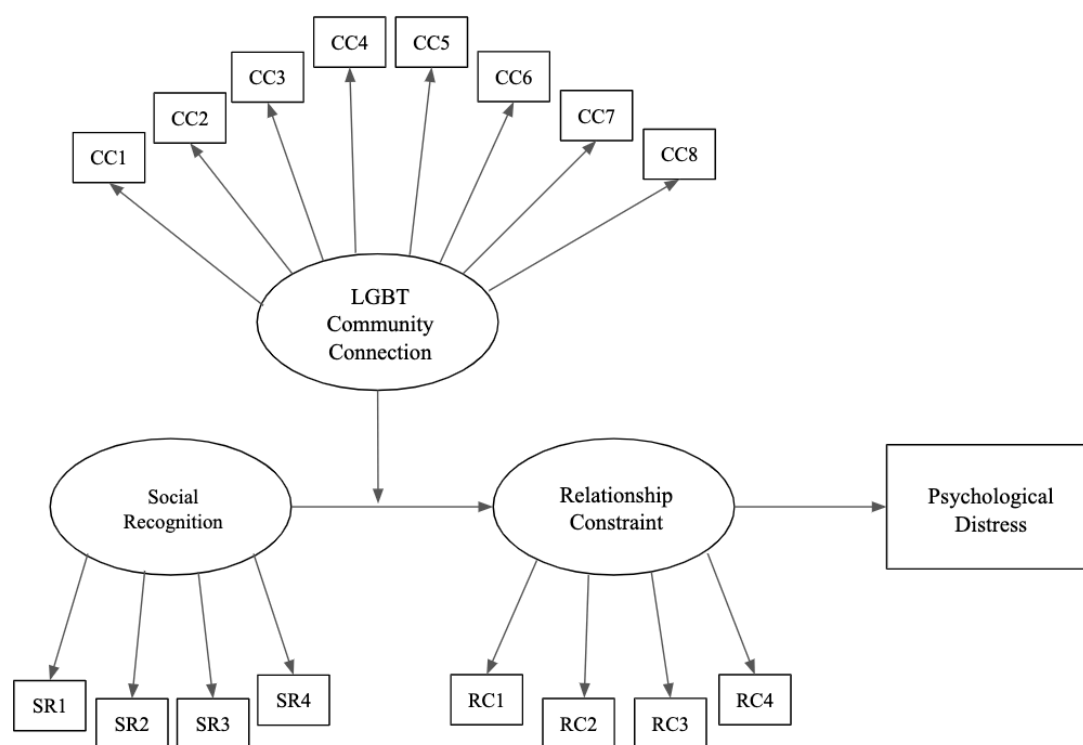
relationship between social recognition and constraint.

H₅: Relationship constraint will partially mediate the relationship between social

recognition and psychological distress (i.e., constraint will further increase

distress).

Figure 2.1.

Hypothesized structural model

Method

Sample

A sample of 280 lesbian (n=180) and gay (n=100) individuals in a committed same-sex relationship were surveyed at one timepoint for the current study (see Table 2.1 for all sample descriptive statistics). All participants indicated that they had seriously considered terminating their relationship at some point in the last six months. Data were collected from January to March 2019. Participants ranged in age from 19-74 years (M=37.08). Participants were both unmarried cohabiting (n=156) and married cohabiting (n=124). The sample contained diversity in terms of relationship duration (range = 1-39 years, M=7.74). Of the 280 participants, 12 (4.8%) further identified as a gender minority (i.e., transgender, transsexual, or gender non-conforming).

The participants' annual income also varied widely in the sample (22.9% earning \$24,999 or less, 27.1% ranged from \$30,000-\$54,999, 26.4% making \$55,000-\$99,999, and 23.6% earning \$100,000). The sample contained participants with a range of education attainment including those who had a high school diploma or did not complete high school (n=68), an associate's degree or completing some college (n=92), a bachelor's degree (n=56), and some with a master's degree, doctorate degree, or a professional degree beyond their bachelor's degree (n=64). The sample was included those who identified as American Indian or Alaskan Native (n=7), Asian (n=14), Black or African American (n=47), Caucasian (n=188), and 19 stated they were something else that was not listed. In terms of ethnicity, 22.9% indicated they were Hispanic or Latino/a.

Table 2.1.

Sample descriptive statistics

Variables	M (SD)	Range
Age	37.08 (11.23)	19-74
Relationship Duration	7.74 (7.71)	1-39
	N (%)	
Education		
	68 (24.3%)	
High school diploma or less	92 (32.9%)	
Some college or associate's degree	56 (20.0%)	
Bachelor's degree	64 (22.9%)	
Master's, doctorate, or professional degree	100 (35.7%)	
Gender	180 (64.3%)	
Male		
Female	64 (22.9%)	
Annual Income	76 (27.1%)	
\$24,999 or less	74 (26.4%)	
\$30,00 to \$54,999	66 (23.6%)	
\$55,000 to \$99,999		
\$100,000 or more		
Marital Status		
Married	124 (44.3%)	
Unmarried	156 (55.7%)	
Race		
American Indian or Alaskan Native	7 (2.5%)	
Asian	14 (5.0%)	
Black or African American	47 (16.8%)	
Caucasian	188 (67.1%)	
Other/Something else not listed	19 (6.8%)	

Measures

Social Recognition. Social recognition was measured using a 4-item Likert-type scale ($\alpha = .909$, $N=280$) that ranged from 1 (Strongly disagree) to 5 (Strongly agree) (Bachmann & Simon, 2014). The item developers aimed to capture two primary constructs related to social recognition: equality-based respect and social esteem (Bachmann & Simon, 2014, p. 44). The measure contains nonspecific identity language (e.g., I feel respected in this society), except one item refers to equal rights (i.e., I feel treated as a member with equal rights in this society). Original direction of scale was kept so that higher scores indicated higher perceived social recognition.

LGBT Community Connectedness. An eight-item measure was used to measure the extent to which participants felt connected to a LGBT community ($\alpha = .910$, $N=280$) (Frost & Meyer, 2012). Each item ranged from 0 (Strongly disagree) to 5 (Strongly agree) and the scale has been found to be reliable and valid with racially diverse sexual minorities, as well as gay and lesbian individuals (Frost & Meyer, 2012). The items measure a range of aspects salient to community connection such as the benefits of interacting (“Participating in the LBGTQ community is a positive thing for you”), strength of the relationship (“You feel a bond with the LBGTQ community”), and, pride (“You are proud of the LBGTQ community”).

Sexual Minority Constraints. The level of perceived SGM-specific constraints on a relationship was measured using four items, all of which were developed for this study. The measure prompted participants to answer the questions in this section based on how true each statement is on a scale of 0 (Not at all true) to 4 (Completely true) ($\alpha =$

.828, N=280). Further, participants were asked to answer based on the extent to which these statements were true when they were last considering separating from their current partner. We created the scale to identify the extent that sexual minorities in same-sex committed relationships are impacted by external systems. The systems identified were family (“My family will pressure me to stay married the LGBT community,” those with stigmatizing views (“Getting a divorce would look bad to those who oppose same-sex marriage”) and the LGBT community (“I feel like my marriage is an example to members of the LGBT community” and “Getting a divorce would look bad to members of the LGBT community”).

Mental Health. Mental health symptoms were measured using the Kessler K6 nonspecific distress scale. K6 is a reliable and well-validated measure used to assess both severe (Kessler et al., 2002) and moderate mental health symptoms (Prochaska, Sung, Max, Shi, & Ong, 2012). Participants were asked if they felt any of the six symptoms over the past 30 days (“nervous,” “worthless,” “hopeless,” “restless,” “so depressed that nothing could cheer you up,” and “that everything was an effort”) on a scale from 0 (None of the time) to 4 (All of the time). Scores were summed for each participant and the measure demonstrated good reliability ($\alpha = .828$, N=280).

Analytic Plan

SPSS 23 was used to clean and export data. A Structural Equation Model (SEM) with moderated mediation was employed in Mplus 8.3 to conduct subsequent analyses (Kline, 2016; Maslowsky, Jager, & Hemken, 2015; Muthén & Muthén, 2019). The first step requires fitting a measurement model for all latent variables. Social support, LGBT

community connectedness, and external pressures to stay married were treated as latent variables and mental health as an observed variable. Modification indices and model fit statistics will determine any changes to the model. Model results ($RMSEA \leq .06$, $CFI \geq .95$, $SRMR \leq .08$, and factor loadings $> .06$) indicated appropriate advancement to the next step. Step 2 consisted of running the model in Mplus without the interaction. Mplus does not allow for the estimation of indirect effects for latent interaction models. Therefore, we estimate this first model (Model 0) as a null model from which to compare Model 1.

Model fit indices used in Step 1 are not available for latent variable interaction. Instead, log-likelihood estimates are provided in both models and a log-likelihood ratio test to compare Model 0 and Model 1 is recommended with a latent interaction model (Klein & Moosbrugger, 2000; Muthén & Muthén, 2019; Satorra, 2000; Satorra & Bentler, 2010). If Model 1 results in a significant difference from Model 0 based on log-likelihood estimates distributed as chi-square, we can reject Model 0 in favor of Model 1 (i.e., fit of Model 0 would be a significantly worse fit than Model 1) (Maslowsky et al., 2015). A significant path coefficient from the interaction to the dependent variable supports rejection of the associated null hypothesis (Kline, 2016; Maslowsky et al., 2015). The sample contained $< 5\%$ missing data and the model was estimated using robust maximum likelihood estimation (Muthén & Muthén, 2019; Yuan & Bentler, 1998).

Results

Preliminary Analyses

Initial analyses indicated a significant association between all key study variables. See Table 2.2 for correlations, means, and standard deviations of each. The correlation matrix indicated a significant and positive bivariate correlation between LGBT community connectedness and mental health symptoms. This initial result was unexpected and required careful interpretation. The interaction effects of social recognition and community connection help explain this relationship.

Table 2.2.

*Means, standard deviation, and correlations of key variables and continuous covariates**(N=280)*

Variables	1	2	3	4	5
1 Social Recognition	–				
2 LGBT community connection	.31**	–			
3 Sexual minority constraint	.38**	.35**	–		
4 Psychological distress	.06	.12*	-.25**	–	
5 Age	.02	-.02	.04	-.10	–
Mean	2.38	2.26	3.29	17.77	37.08
SD	1.15	1.03	1.09	16.07	11.23

** $p < .01$, * $p < .05$

Step 1: Measurement model

The results of the initial configural model indicated several modifications were needed. A total of six covariance paths were added between indicators (see Table 3 for model fit indices of each model and a description of steps in fitting the measurement model). Each covariance seemed to make good theoretical and empirical sense. The final measurement model demonstrated good model fit and all factor loadings $\geq .06$. As the measure of sexual minority constraint was used for the first time, the covarying items from this measure deserve attention. A covariance path was added between “Getting a divorce would look bad to members of the LGBT community” and “Getting a divorce would look bad to those who oppose same-sex marriage.” Both items represent a form of anticipated stigma if they terminated their relationship, however stigma from the LGBT community seems more proximal than those who oppose same-sex marriage (assumed to be predominantly outside the LGBT community). Using the minority stress model, the distal outcome can then be situated to explain the proximal (Meyer, 2003). Or in other words, the significant correlation could indicate that the stigma from the LGBT community could originate from conservative societal attitudes and beliefs.

Step 2: Structural model without interaction effects

The second step of our structural analysis required estimation of the model without interaction effects (Model 0). Standardized path coefficients were significant to sexual minority constraints from both social recognition ($\beta = .28, p \leq .01$) and LGBT community connectedness ($\beta = .15, p < .05$). Supporting the 3rd hypothesis, sexual minority constraint was a significantly increased psychological distress ($\beta = .30, p < .01$).

Neither social recognition ($\beta = -.10, p > .01$) nor community connection ($\beta = -.10, p > .01$) were significant predictors of psychological distress in Model 1. Upon further investigation, a significant indirect effect was detected from social recognition to psychological distress through sexual minority constraint ($\beta = .08, p \leq .01$) and the 95% confidence interval > 0 . No direct nor indirect effect from community connectedness to psychological distress was found in either model.

As noted above, indices used in the configural model to assess model fit are not available with latent moderation models (Klein & Moosbrugger, 2000; Maslowsky et al., 2015). Results of the log-likelihood ratio test indicated a significantly better fit for Model 1 than Model 0. Using the log-likelihood and the difference in free parameters (1), the resulting change in chi-square difference estimate was significant at $p < .01$. Because the software cannot calculate standardized path coefficients for latent variable interactions (Klein & Moosbrugger, 2000; Maslowsky et al., 2015), data were standardized in the statistical software at the start of the analysis.

Step 3: Interaction effect

As the results of Model 0 showed social recognition and community connection both as significant predictors of relationship constraint, the next step was to include the interaction variable in the analysis (Klein & Moosbrugger, 2000; Kline, 2016; Maslowsky, Jager, & Hemken, 2015). Model 1 resulted in a significant interaction between social recognition and LGBT community connection ($\beta = .19, p < .01$). The results of the interaction term show that for low levels of community connectedness, social recognition minimally increases sexual minority relationship constraint. For high

levels of connection, however, increased social recognition leads to increased relationship constraint at a higher rate than those with low community connectedness. Thus, increased social recognition leads to higher levels of constraint only when highly connected to a LGBT community. Conversely, social recognition has little impact on perceived relationship constraint but only when connection to a LGBT community is low. See

Table 2.3.

Model fit indices for measurement and structural models

	Robust χ^2	df	RMSEA	CFI	SRMR
Model 1⁶	269.361**	101	.077	.913	.064
Model 2⁷	250.187**	100	.073	.923	.064
Model 3⁸	233.295**	99	.070	.931	.063
Model 4⁹	216.059**	98	.066	.939	.062
Model 5¹⁰	199.984**	97	.062	.947	.063
Model 6¹¹	185.367**	96	.058	.954	.060
Model 7¹²	171.502**	95	.054	.961	.060
Model 8¹³	389.630**	198	.059	.932	.092

**p < .01

⁶ Indicators freely estimated⁷ Covariance path added between “You feel you’re a part of the LGBTQ community” and “You feel a bond with the LGBTQ community”⁸ Covariance path added between “Getting a divorce would look bad to members of the LGBT community” and “Getting a divorce would look bad to those who oppose same-sex marriage”⁹ Covariance path added between “I feel treated as a member with equal rights in this society” and “I feel valued in this society”¹⁰ Covariance path added between “Participating in the LGBTQ community is a positive thing for you” and “You feel a bond with other people who identify as gay or lesbian”¹¹ Covariance path added between “You feel a bond with other people who identify as gay or lesbian” and “My family will pressure me to stay married”¹² Covariance path added between “Participating in the LGBTQ community is a positive thing for you” and “You really feel that any problems faced by the LGBTQ community are also your own problems”¹³ Structural model without interaction effects, covariates added

Table 2.4.

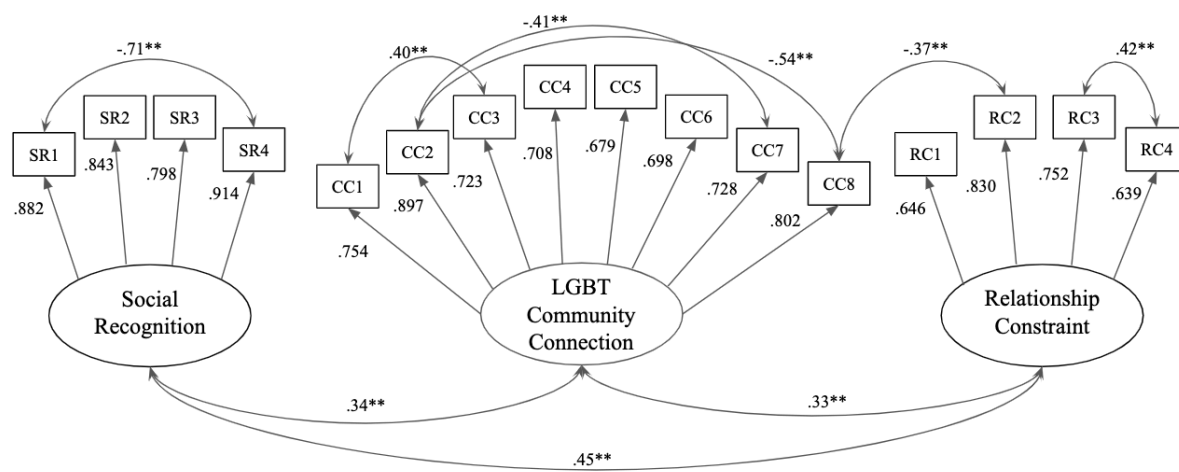
Standardized bootstrap estimates and confidence intervals for the indirect paths from social recognition and LGBT community connectedness to sexual minority constraint

Effects from to psychological distress	95% CI		
	Bootstrap estimate	Lower	Upper
Social Recognition to distress via constraint			
Total = indirect effect	.05*	.01	.13
Community connection to distress via constraint			
Total = indirect effect	.08**	.02	.20
<i>without interaction effects</i>			

**p = .01, *p < .05

Figure 2.2.

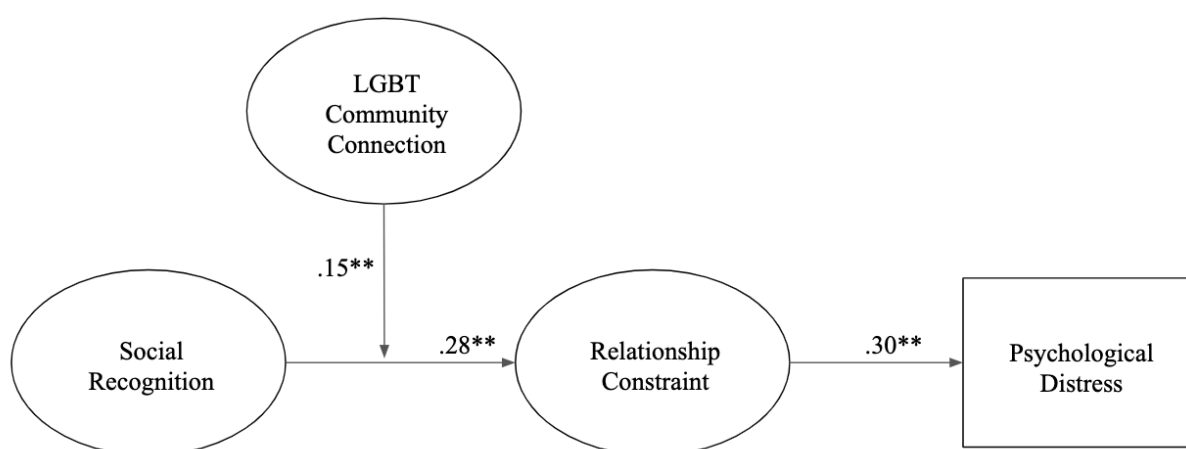
Configural model with standardized factor loadings and covariances



** $p < .01$

Figure 2.3.

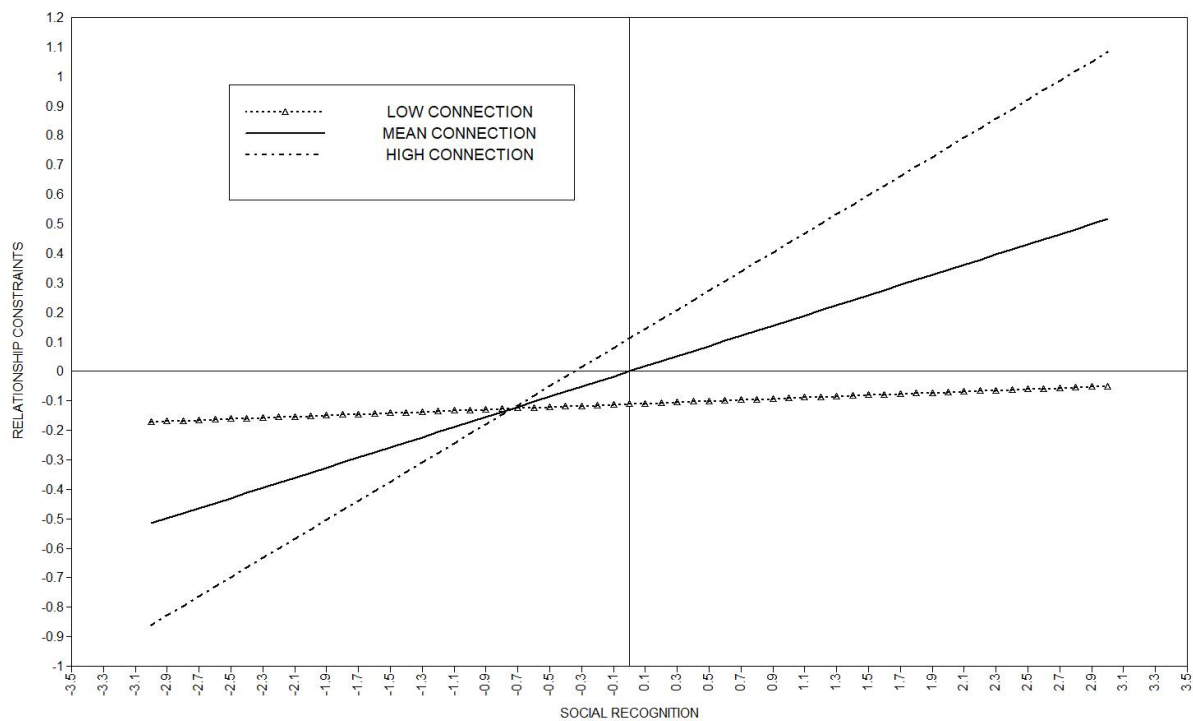
Structural model with standardized path coefficients



****** $p < .01$

Figure 2.4.

Interaction between social recognition and sexual minority relationship constraint at varying levels of LGBT community connection



Discussion

From a sample of 280 sexual minority individuals, we found social recognition and LGBT community connectedness to be significant predictors of poorer mental health only when sexual minority relationship constraint was present in the model. In other words, social recognition increases negative mental health symptoms but only recognition is associated with relationship constraint. These results lead to important implications for the health and well-being of individuals in same-sex relationships and support previous research on this unique form of strain (Balsam et al., 2017; Shulman et al., 2009). Previous research has shown that the positive and negative influences for same-sex relationships are similar to their heterosexual peers (Kurdek, 1997, 2009). These, and findings initially describing the unique pressure of same-sex relationships, indicate that structural constraints can have a negative impact on mental health even when commitment to the relationship remains unchanged. The results demonstrate the possibility that sexual minority constraints are a distinct form of minority stress. A correlation between these constraints and perception of stigma could help explain these results but warrant further investigation.

The findings provided further evidence for the protective nature of LGBT community connectedness, albeit situational (Gray, Mendelsohn, & Omoto, 2015; Kaniuka et al., 2019). When LGBTCC was included in the model, the relationship between social recognition and constraint changed based on the level of community connection. For low levels of LGBTCC, there was a minimal increase in constraint with increased social recognition. For participants with high levels of connection, however,

increased social recognition lead to a more drastic increase in perception of constraints. These results may be partially explained when looking to the measure of LGBTCC. One item in this measure (“You really feel that any problems faced by the LGBTQ community are also your own problems”) might indicate the proliferation of stress throughout the LGBT community based on the strength of one’s community alliance. However, the question could also be interpreted to ask the extent that the problems expressed by other LGBT individuals or couples are those that the participants directly identified with.

Awareness and impact of social recognition should also be considered. Same-sex couples who live further away from cities with larger populations of sexual minorities have reported substantially higher levels of minority stress and less connection to a LGBT community (Swank, Frost, & Fahs, 2012). The use of internet-based survey sample techniques allows for access to information from historically challenging groups to identify. Although the measure demonstrated good reliability and validity, some subgroup differences within the LGBT population may impact results. It is important to note, research has found comparable levels of stigma between rural and suburban LGBT individuals (Morandini, Blaszczyński, Dar-Nimrod, & Ross, 2015).

The significant relationship between constraint provides evidence that these unique pressures on LGBT individuals have a negative impact on their mental health. Clinicians and relationship educators who work with sexual minority individuals and same-sex couples should integrate this knowledge into their current practice. Identifying the presence of these unique constraints and their impact at the individual- and couple-

level could be beneficial. The couple-level minority stress model provides a framework to understand stress discrepancies between partners (Leblanc et al., 2015). The dyadic effects of this particular influence on mental and health and the well-being of relationships could be a focus of future research.

Limitations and Future Directions

The study contained both several limitations. First, the study surveyed both married and unmarried individuals in same-sex relationships. The public nature of same-sex marriage legalization in 2015 put same-sex relationships in the spotlight. Further, legal marriage can prompt disclosure of sexual orientation and/or be subject to further stigmatization (Rolfe & Peel, 2011). Both forms of unique pressure may point to a greater occurrence of sexual minority constraint for legally married same-sex couples. Without legal marriage, couples must navigate the challenges of a structural family change (i.e., relationship dissolution) but can potentially avoid the stigmatization of divorce. However, legal marriage can work to garner social support and protect relationship satisfaction against the negative effects of internalized stress (Fingerhut & Maisel, 2010; Whitton, Kuryluk, & Khaddouma, 2015). Future studies with larger samples could estimate the prevalence of sexual minority relationship constraint and how its effects may differ between married and unmarried couples.

The sample used in this study is limited in its generalizability due to its small size and generalizability to racial minority groups. As differences exist with variables in this study such as LGBTCC (Frost & Meyer, 2012), larger and more diverse samples could use multigroup approaches to identify variations in measurements and effects. The study

also identified individuals who had reported seriously considering separating from their partner within the last six months. This could introduce bias in responses, particular in terms of mental health symptoms. Accurate estimates of the number of LGBT in the U.S. is important in future research with this population. This information could lend to a better understanding of the prevalence rates of these types issues.

The sites of future research could take place in clinical settings, particularly those that see couples and families. Although the current study surveys a nonclinical population, its inclusion criteria (i.e., participants must have seriously considered ending their relationship in the last six months) may indicate a higher likelihood that the responses reflect those who have or would present in therapy. Clinical research on same-sex couples should emphasize best practices for working effectively to decrease the damaging effects of unique stressors facing sexual minorities. Results of research on minority stress from current and future research studies should be included in clinical training programs across disciplines.

Conclusion

The results of these studies provide further evidence of the deleterious impact that minority stress can have on same-sex relationships. The results of the first study indicate that family rejection and concealment each contribute to commitment uncertainty. The results of the second study show that social recognition can lead to increased constraint on a relationship, in turn, increasing negative mental health symptoms. Each outline a unique process by which this type of stigmatized identity comes with increased risk of poorer mental health and added challenges with intimate relationships. Although

individual conclusions can be made, together they provide additional information for researchers and clinicians who work with this population.

The first study contributes to the body of literature on minority stress and same-sex relationships. The results of this study supported the hypothesis that minority stress can have a negative impact on sexual minorities. Findings from this study showed that family rejection and nondisclosure increase commitment uncertainty for individuals in a same-sex relationship. Further, minority stress decreased redemptive framing, a promotive factor for the well-being of sexual minority individuals and their intimate relationships (Frost, 2011, 2014; Ghabrial, 2017). In this study, redemptive framing fully mediated the path between family rejection and commitment uncertainty but only partially mediated the path from nondisclosure to uncertainty. The findings pointed to family rejection as having a larger role in the decrease of redemptive framing due to minority stress. Clinicians were encouraged to (1) assess for levels of specific minority stressors, (2) integrate exploration and identification of redemptive stories into practice with sexual minority clients, (3) incorporate an understanding of the unique dilemmas of same-sex relationships into their practice, and (4) note the hindering influence of minority stress in establishing the context for redemptive framing.

The aim of the 2nd study was to provide evidence of the process by which social disapproval negatively impacts the mental health of sexual minorities and their relationships. The current study indicates that the mental health of sexual minorities in same-sex relationships is negatively impacted by increased social recognition through perceived sexual minority relationship constraints on same-sex relationships. The results

further explain this relationship by the significant interaction effect of social recognition and LGBT community connectedness. Low levels of community connectedness resulted in a minimal positive association between social recognition and relationship constraint, while high community connection demonstrated a larger increase in constraint. The study provided further evidence that same-sex relationships are at risk from unique stressors stemming from prejudicial beliefs. The results provide important implications for practitioners who work with sexual minorities in same-sex couples.

Together, the results help to paint a better picture of how minority stress impacts sexual minorities in same-sex relationships. As commitment uncertainty may be increased by certain minority stressors, social recognition might play an important role in this process. For example, if social recognition increases perceptions of constraints on a relationship then this type of pressure may be another pathway that minority stress contributes to this uncertainty. Although the measure of relationship constraint does not distinguish the source of pressure felt by family, family rejection could be the source. In other words, constraint may be due to unaccepting families. This, in turn, could help explain the increase in commitment uncertainty caused by family rejection.

Connection to a LGBT community played a complicated role in the results of the second study. When situating these in the context of the first study, further implications may be drawn. It is possible that a LGBT community is the place where participants met their partner or even where they have received the most support. LGBT community connectedness may then, itself, lead to uncertainty under some conditions. The perception of letting down a LGBT community may not just reside at a higher, more removed level.

More likely is the possibility that the individuals within the LGBT community have personally invested in a relationship. Considering the feelings of close friends and family members invested in one's relationship is not unique to same-sex relationships. Sexual minorities who perceive higher constraints but may struggle with feeling confounding pressure at the individual, couple, family, friendship, and societal levels. Thus, the complicated nature of constraint and its extension into multiple systems may be found only within same-sex relationships. Further, complexities exist within relationships themselves. For example, terminating a relationship may induce feelings of guilt when thinking of disappointing those who supported the relationship, a sense of failure to fellow advocates, a fear of giving opponents "ammo" (family or otherwise), and, of course, the not-so-simple stress of ending a committed relationship. Those who feel uncertain about their commitment to a same-sex committed relationship may need to move mountains before gaining the needed clarity and confidence in their decision-making.

The role of redemptive framing provides an important and needed source of resilience for sexual minorities. The results of the first study showed that redemptive framing explains the nonsignificant relationship between family rejection and commitment uncertainty. In other words, when redemptive framing is present then family rejection cannot contribute to commitment uncertainty in the same way. When combined with the results of the second study, we can understand how the negative effects of sexual minority relationship constraint may be diminished. If social recognition serves to increase negative mental health symptoms through perceptions of constraint, redemptive

framing may also diminish these effects. A possible redemptive narrative for dissolving couples may be one of gratefulness for having known their partner. In terms of feeling a sense of failure, one might see that healthy dissolution can also serve as an important example for sexual minorities in or outside of a relationship. Finally, being among the first to face the pressure from those opposed to same-sex marriage might work to normalize the process and become a source of pride.

Clinicians who work with this population have an important role in decreasing the negative impact of minority stress on the mental health and relationships of sexual minorities. Nondisclosure was found to increase commitment uncertainty, but this relationship was not changed by redemptive framing when simultaneously considering family rejection. Disclosure can be a challenging process for sexual minorities, but the benefits should be discussed with clients. For those in same-sex relationships, decreasing concealment could lead to decreased uncertainty. The therapeutic relationship, itself, is one way to decrease nondisclosure. In other words, a clinician increases the number of individuals one is “out” to. Thus, including partners in therapy is one way to decrease stress discrepancies by increasing the number of shared individuals each partner can talk openly with. Clinicians should educate themselves on the complexities of same-sex relationships, positive and negative alike. Further, clinicians should consider a postmodern approach when working with this population. The evidence behind many therapy modalities does not include sexual minorities. This, combined with the unique factors facing this population, support a stance of curiosity added to direction.

The results of these studies provide evidence of need for future research. The significant influence on the relationship between family rejection and commitment uncertainty provides support for future studies to explore the different redemption stories of sexual minorities in same-sex relationships and the conditions under which these narratives thrive. Further, subsequent studies can examine the longitudinal impact of specific minority stressors. Are there limits to the consequences that nondisclosure and family rejection can have? Do the relationship constraints exacerbated by social recognition diminish as we move further from *Obergefell v. Hodges*? Would this change how connection to a LGBT community influences sexual minority relationship constraint? Answering each of these questions could provide important information in decreasing health disparities for sexual minorities through supporting the well-being of their close relationships.

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Appendix A

The legalization of same-sex marriage in the United States (2015) extended marriage rights to same-sex couples and, simultaneously, rendered legal separation a potential experience same-sex couples might go through for the first time in the country's history. For many same-sex couples, legal marriage rights are associated with higher perceptions of acceptance within society and better mental health (LeBlanc, Frost, & Bowen, 2018). Legal marriage can serve as a protective factor from the negative impact of minority stress (Riggle, Rostosky, & Horne, 2010), or the unique stressors experienced by minorities (including sexual minorities) due to their stigmatized identities (Meyer, 1995, 2003). Experiencing any number of minority stressors can have a deleterious impact on one's physical and mental health (I. H. Meyer, 2003; Stuber, Meyer, & Link, 2008).

Minority stress can also lead to negative outcomes in couple relationships by placing each partner in stressful circumstances which stem from one or both partners' sexual minority identity (Frost et al., 2017). The proliferation of stress at the couple level are associated with an overall decrease in relationship well-being for same-sex couples (Cao et al., 2017; Frost et al., 2017; Joyner, Manning, & Bogle, 2017). Feinstein, McConnell, Dyar, Mustanski & Newcomb (2018), for example, found that those who experience more minority stress leads to increased negative interactions in the couple relationship and decreased relationship functioning. Further, research has shown that sexual minorities who dissolve a long-term committed same-sex relationship experience additional stressors during break up process (van Eeden-Moorefield, Martell, Williams, & Preston, 2011). In their study of lesbian relationship dissolution experiences, Balsam, Rostosky, & Riggle (2017) found that several participants described a sense of failure during the separation process due to a sense of obligation to a broader LGBT community.

The lack of research on the divorce processes with same-sex couples, and the recent evidence of minority stress at the couple-level, demonstrates a need to understand how stressors unique to sexual and gender minorities influence relationship processes for sexual minorities (LeBlanc et al., 2018). Experiencing a divorce contributes to deleterious physical and mental health outcomes for heterosexual and same-sex couples (Amato, 2010; Kurdek, 1991). Divorce ideation, one's thoughts and feelings that impact the decision to divorce, is one of these processes (Hawkins, Allen, Roberts, Harris, & Allen, 2018). Recent evidence using a representative sample of 3,000 married individuals between the ages of 24 - 50 indicated that 25% of couples had thought about divorce in the past 6 months and that a diverse range of the frequency and severity of these thoughts exists (Hawkins et al., 2017). Another study found that in 30% of individuals in the divorce process (court ordered to co-parent education classes) at least one partner expressed interest in marital reconciliation and in 10% both partners expressed that interest, indicating a significant number of divorces that might have been prevented with appropriate resources for couples at risk of separating (Doherty, Willoughby, & Peterson, 2011). Another body of research, similar to divorce ideation, is that of commitment uncertainty. Commitment uncertainty (sometimes referred to as relational uncertainty or relationship ambivalence) is "the degree to which partners are uncertain about whether

they want to be committed to their current relationship” (Owen et al., 2014, p. 208). Commitment uncertainty does not solely exist within a marital relationship but can occur in any relationship where “a mutually agreed upon union is formed (e.g., an exclusive relationship)” (Owen et al., 2014, p. 208). In a longitudinal study of unmarried couples, Knopp, Rhoades, Stanley, Owen & Markman (2014) found that fluctuations in commitment uncertainty were significantly associated with increased consideration of ending the relationship (separation ideation) and these considerations partially mediated the link between uncertainty and action steps taken towards separation. However, the same study found no significant associations with adjustment to the relationship.

Since strong marital relationships serve as a promotive factor in the health and well-being of individuals (Rauer J, Karney R, Garvan W, & Hou, 2008) and serves as a buffer of minority stressors for same-sex couples (Riggle et al., 2010), increasing our knowledge of pre-divorce processes can help reduce unnecessary divorce and promote health and well-being. However, little is known about how minority stress impacts the divorce decision-making process for individuals in same-sex marriages. This knowledge may help prevent unnecessary divorce and decrease health disparities for this population.

SPECIFIC AIMS

The primary objective of this study is to identify the influence of specific minority stressors on the divorce ideation and commitment uncertainty processes, as well as the promotive factors that may buffer their negative effects, in a sample of married same-sex couples. The central hypothesis for this study is that higher levels of minority stress will lead to more frequent and more severe divorce ideation and commitment uncertainty. The proposed study is grounded in the primary research findings of minority stress processes at the couple level and divorce decision-making. First, minority stress is negatively associated with overall relationship functioning in same-sex couples. Second, divorce ideation and commitment uncertainty are dynamic processes susceptible to a number of influences. Third, approximately 30% or more of couples feel ambivalent about the decision to end their relationship during the divorce process (Doherty et al., 2011). This study will provide sound evidence of how minority stressors influence divorce ideation, so divorce prevention and intervention efforts can integrate these findings to reduce unnecessary divorce and increase support for same-sex couples. The long-term goal for this program of research is to provide evidence to inform best practices of mental health professionals and relationship educators working with same-sex couples, inform policymakers on the needs of this population, and advance the body of research on both minority stress and divorce decision-making.

Aim 1. Examine the relationship between minority stress and commitment uncertainty through divorce ideation

H.1 Higher reported levels of minority stress will be associated with higher levels of commitment uncertainty via higher levels of divorce ideation

Aim 2. Examine the influence of evidenced buffers of minority stressors on the relationship between minority stress and commitment uncertainty/divorce ideation

H.2 Higher levels of known buffers to minority stress will moderate the relationship between

minority stress and commitment uncertainty

Aim 3. Examine a hypothesized model with all minority stress items to develop a brief minority stress assessment for use in clinical settings with the sexual minority population

H.3 Of the 29 minority stress items an assessment of 12 items or less will show factor loadings

from all measures of minority stress and each item will reach 0.80

The results of this study will serve to evidence the influence of stressors unique to same-sex couples on the commitment uncertainty/divorce ideation process. Building off of previous research on minority stress, commitment uncertainty, and divorce ideation, this study helps bridge the gap between the limited body of knowledge on the microprocesses unique to same-sex relationships. The knowledge gained will support intervention and prevention strategies in the effort to prevent unnecessary divorce specifically for same-sex couples and reduce the health disparities for this population by supporting healthy marriages. The impact of this research will support same-sex marital relationship by informing divorce prevention and intervention efforts specifically for same-sex couples.

RESEARCH STRATEGY

Background

Continued Health Disparities for Sexual Minorities. Stressors unique to individuals with stigmatized identities contribute to the health disparities for the sexual minority population (Meyer & Frost, 2013). Sexual minority individuals are more likely to experience substance abuse issues, 1.5 times more likely to experience depression and anxiety, and are twice as likely to attempt suicide (Institute of Medicine, 2011). Sexual minorities are more likely to be exposed to a traumatic event and are at higher risk for developing PTSD (Roberts, Austin, Corliss, Vander Morris, & Koenen, 2010). Sexual minority individuals are more likely to smoke, have an increased risk of unhealthy weight management and misperception of body image, and are more likely to be homeless in their lifetime (National LGBT Health Education Center, 2016). Further, sexual minorities are at higher risk for mental health issues, substance abuse, childhood sexual abuse, sexual assault, becoming victims of violence, and many other adverse experiences that contribute to physical and mental health disparities (Hatzenbuehler, Flores, & Gates, 2017).

Importance of Addressing Sexual Minorities in the Context of Couple Relationships. Although the legalization of same-sex marriage in the United States (Obergefell v. Hodges, 2015) extended marriage rights to sexual minorities and provided an important protection for this population, research shows the protective factor of marriage does not diminish the negative effects of minority stress (LeBlanc et al., 2018). Although equal recognition is associated with better health and well-being for same-sex couples, little is known about how access to legal divorce having impacts the dynamics and processes of same-sex relationships (LeBlanc et al., 2018). Recent research on

heterosexual relationships indicates that couples can experience differences in their levels of ambivalence regarding the decision to divorce or stay married. In some cases, as many as 30% of couples who filed for divorce still felt conflicted about their decision (Doherty, Harris, & Wickel Didericksen, 2016; Hawkins et al., 2017). Strong marital relationships serve as a promotive factor in the health and well-being of individuals in heterosexual marriage (Kiecolt-Glaser & Newton, 2001). Same-sex couple relationships are similar to heterosexual relationships but may be at higher risk for dissolution, due to the unique stressors associated with minority stress; yet little research has examined factors that contribute to separation in this population (Goldberg & Garcia, 2015; Khaddouma et al., 2015).

Need for Further Exploration of Promotive Factors. This study seeks to examine the relationship between minority stress and commitment uncertainty to ultimately support the health and well-being of same-sex marriages. Over the past several decades, family scientists, psychologists, physicians, and sociologists have conducted studies that ultimately would serve to protect the rights of the sexual minority population (i.e., providing evidence of sameness to heterosexual peers in terms of individual development, parenting, primary love relationships, etc.). Through this work, however, areas of need (Totenhagen, Randall, Cooper, Tao, & Walsh, 2017) and unique types of resilience (Bacon, 2012; Rothblum, Balsam, & Solomon, 2011) have been identified, which constitute the grounding for this study. The Minority Stress Model provides a framework to better understand how stressors unique to sexual minorities impact micro-level processes, such as divorce ideation. Further, most of the prevention and intervention research on divorce has been conducted with heterosexual samples (Rostosky & Riggle, 2017). The lack of research on marriage/divorce using samples with same-sex couples highlights the need for new knowledge directly applicable to same-sex marriages.

Significance of the proposed study

The overarching goal of this study is to support same-sex marriages by providing evidence to support prevention of, and interventions for, same-sex couples at risk of separating. Efforts to support marriages through prevention of unnecessary divorce include relationship education programs, relevant premarital counseling, and by promoting healthy relationship role models that have historically been hidden. Proponents of couple therapy models, marital first responders (see Doherty et al), and divorce mediators may all benefit from this study. This study will add to the literature on minority stress and divorce ideation, while connecting it with the broader research on same-sex marriage to establish a foundation for future research.

Innovation

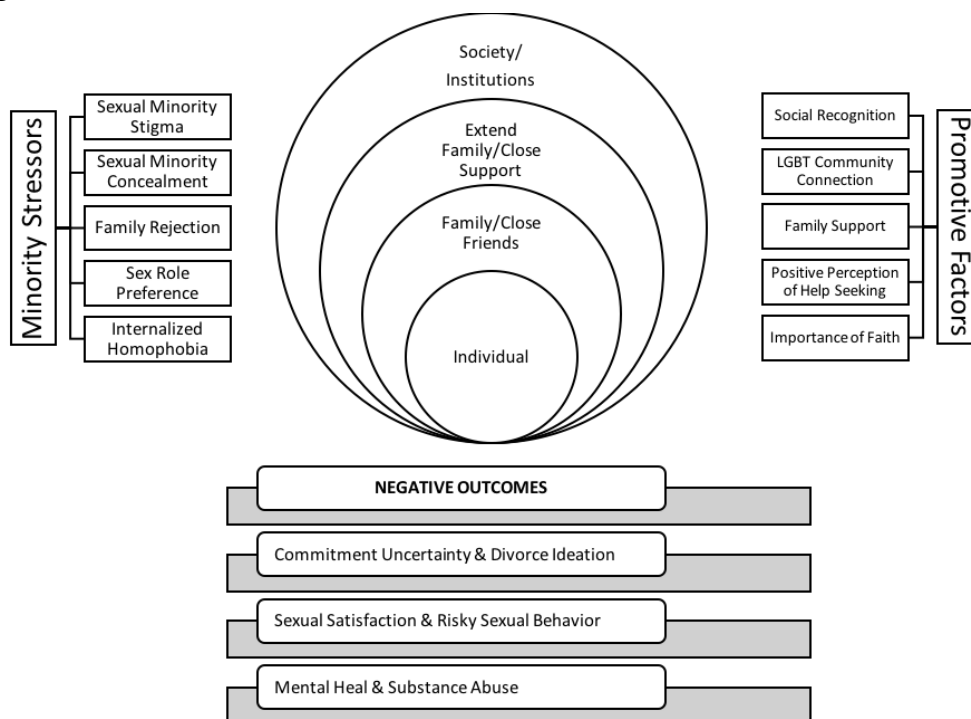
Research shows mixed findings on rates, and predictors of, relationship stability for same-sex couples (Joyner et al., 2017). The proposed study highlights innovation in social sciences research in three primary ways. First, the study challenges the limitations of current research that applies the same measures of relationship stability of heterosexual couples to same-sex couples. The research on minority stress has historically focused solely on mental health, physical health, or relationship satisfaction well-being. The current study utilizes a cross-sectional design, while developing an understanding of the path-by-which couples experience challenges in their relationship as opposed to either a

retrospective perspective of post-dissolution couples or a simplified prediction of couple instability. While both are essential in the progress of research on same-sex couples, there is little research integrating findings across psychological and social science research. Second, research suggests a need for better assessment measures in individual and couple therapy settings. This need increases for same-sex couples as the body of literature examining the unique challenges facing this population is limited in comparison to that of research using heterosexual participants (Rostosky & Riggle, 2017). The current study utilizes existing measures of couple instability while integrating potential questions for couple therapists working with same-sex couples. Finally, the study integrates both knowledge-generating capabilities, as well as intention to use the results to provide a resource directly for use in clinical settings. This type of study connects several disciplines working in this area of research, while disseminating results directly to practitioners in the field.

Approach

Theory. The study design and subsequent analyses are grounded in Family Systems Theory (FST) and the Minority Stress Model (I. H. Meyer, 2003; Whitchurch & Constantine, 1993). FST, derived from General System Theory is that the whole is greater than the sum of its parts (Whitchurch & Constantine, 1993). The primary concepts of FST utilized in this study are Interdependence/Mutual Influence and Hierarchy. Family systems are interdependent which results mutual relational influence i.e., family systems (e.g., couple relationships) are comprised of individual members who, regardless of intent, influence one another. Hierarchy posits that each system has suprasystems (i.e. systems larger than itself) and subsystems (i.e. systems smaller than itself). The current study applies these concepts placing the individuals in a couple relationship as subsystems, while exploring the influence of several suprasystems (e.g., extended family, society). Further, the study posits that the experiences of each subsystem (e.g., individual minority stress) impacts the couple relationship through mutual influence (i.e., individual minority stress influences couple stability). Family Systems Theory provides a backbone from which to apply the process under examination across different systems (see Fig. 1). The Minority Stress Model is a framework that identifies a process by which the unique stressors experienced by sexual minorities lead to negative outcomes. The usefulness of the model is well evidenced (I. Meyer & Frost, 2013) as it provides a grounding for study design and subsequent analyses (see Appendix A). The combination of a level 1 theory (identification of one answer with a defined structure – Minority Stress Model) with a level 2 theory (a complex identification of multiple answers – Family Systems Theory) (S. Danes, personal communication, September 11, 2015).

Fig. 1



Research Design

Sample. The cross-sectional study will survey 200 gay and 200 lesbian participants from across the U.S. that are currently in a same-sex marriage AND have thought about divorce in the last six months. Participants must be 18 years of age or older. The sample size was determined based on previous research in Structural Equation Methods. Research has suggested at least a 20:1 ratio of participants to parameter estimates (Jackson, 2003). The figure in Appendix A illustrates one analysis proposed in this study. This model contains 21 unique parameter estimates. Following the 20:1 ratio, the required sample size could be estimated at 420. However, research has shown the number of indicators for each latent factor to influence the required sample size (i.e., latent factors with 6-8 indicators could require a lower sample size compared to latent factors with 3-4 indicators) (Wolf, Harrington, Clark, & Miller, 2015). Researchers seeking to identify moderation and mediation also need to increase sample size to detect these effects (Wolf et al., 2015). (Kline, 2016) encourages researchers to integrate all knowledge of required sample size for Structural Equation Methods. The estimated sample size for the current study (N=400) provides enough power to detect direct paths and potential moderation/mediation. Further, the 50/50 ratio of gay to lesbian participants provides the ability to conduct multigroup analyses for less complex models, which will contribute to the usefulness of this data beyond the proposed hypotheses.

Qualtrics sampling service will be used to collect the data. UMN's Qualtrics Department will be utilized to recruit participants and execute the survey instrument. This sampling service provides access to a historically challenging population to survey. Further, the use of the Qualtrics service provides further verification of participants who meet inclusion criteria. The basic inclusion criteria are that participants 1) identify as gay or lesbian, 2) are currently in a same-sex marriage, and 3) have seriously considered (pursuing and/or being) divorce(d) at least once in the last six months. The first two criteria represent the demographic criteria, while the third builds off the results of a recent nationally representative study of married individuals (N=3,000) found that over 25% of married individuals have thought about divorce in the last 6 months (Hawkins et al., 2017). The current study incorporates this knowledge to directly identify those in a same-sex marriage who are currently, or have recently, experienced divorce ideation. Thus, the third inclusion criteria will be presented to participants as a screening question reading, "*Have you seriously considered divorcing your spouse at least once in the past six months?*". Participants who answer "yes" will be able to take the survey. Participants who answer "no" will be thanked and told that they did not meet minimum criteria to complete the survey.

Measures. Each survey will take approximately 15 minutes to complete and will include measures of proximal and distal minority stressors, divorce ideation (e.g., level, typology), commitment uncertainty, sexual behavior, help-seeking behavior, mediators/moderators of minority stress, well-being (e.g., well-being, substance use), and several demographic questions to be used as control variables. The primary variables in the study are either previously evidenced instruments or revised instruments based on previous research to fit the aims of this study. Several other measures (i.e., help-seeking, pressures from external systems) are important measures developed from previous research that will help contextualize the primary relationships of this study. Table 1 denotes the primary predictor and outcome variables used in this study (see Appendix B for all survey items).

Table 1. Primary Quantitative Measures			
Variable	# of items	Detail	Type of Variable
Exogenous Variables			
Family Rejection	4	Support/Acceptance from family of origin	Latent
Social Recognition	4	Support/Acceptance from family of origin	Latent
Moderator/Mediator Variables			
Sexual Minority Concealment	5	Disclosure of sexual orientation	Latent
Redemptive Framing	4	Positive reframes of stigmatizing experiences	Latent
LGBT Community Connectedness	8	Connection to a LGBT community	Latent
Sexual Minority Relationship Constraints	4	Barriers to leaving a relationship unique to sexual minorities	Latent
Endogenous Variables			
Nonspecific Psychological Distress	6	General Mental Health/Distress	Observed
Commitment Uncertainty	1	Commitment Uncertainty	Observed

Analyses. The researcher will use Structural Equation Methods to analyze the data. Each latent construct or measure will first be analyzed using a Confirmatory Factor Analysis (CFA) to ensure the scales used in the study are the most accurate and precise measures possible (Kline, 2016). Further, conducting a CFA reduces the amount of potential error for each structural path analysis (Kline, 2016). The path of these variables will then be ordered in a model based on the minority stress model (see Appendix A for example) (Meyer, 2003)

First, confirmatory factor analyses will be conducted on these variables to ensure the accuracy of their measurement of the construct they represent. Grounded in the minority stress model, the path will situate general stressors (e.g., circumstances in environment), distal stressors (e.g., prejudice, discrimination, violence), and proximal stressors (e.g., internalized homophobia, expectations of rejection, concealment) as the exogenous and locally exogenous variables (Kline, 2016; Meyer, 2003). The endogenous variables for the primary analyses will be levels of divorce ideation and commitment uncertainty. Potential moderating/mediating effects of different characteristics of minority identity (e.g., prominence, valence, integration) between proximal stressors and

divorce ideation will be examined. Coping and social support (e.g., connection to LGBT community, family support, intrapersonal coping) will be examined as potential moderators/mediators between all stressors and divorce ideation.

An Exploratory Factor Analysis (EFA) will be conducted to test the strongest factor structure for a minority stress scale that includes sexual minority concealment, sexual minority stigma, internalized homophobia, and family rejection. The results of an EFA will provide the ideal number of factors for the revised commitment uncertainty measure and identify the items from the study that measure the latent construct under analysis (Kline, 2016). A subsequent confirmatory factor analysis will confirm the validity of the new construct and provide evidence of a potential assessment for use in clinical settings.

Dissemination

The proposed analyses will be disseminated across two papers submitted to two different peer reviewed journals. The first paper will focus on the first two aims of the study. This paper will present the hypothesized structural paths from minority stress to divorce ideation/commitment uncertainty. Further, this paper will provide the results of these analyses and the results of the structural paths containing the known buffers of minority stress (i.e. LGBT community connectedness, importance of faith, social recognition, social support). The second paper will disseminate the results of the exploratory factor analysis and confirmatory factor analysis that can serve as an assessment measure for clinicians working with sexual minority individuals. Further, couple therapists working with same-sex couples could use this brief assessment, alongside divorce ideation and commitment uncertainty assessments, to help build a structure for their couples' time in therapy.

Each paper will also be presented at several academic conferences. The first presentation will consist of the results for the structural model looking at the association between minority stress and divorce ideation/commitment uncertainty. This presentation will be submitted to the 2019 National Conference on Family Relationship Annual Conference. The second presentation will present the results of a mediation/moderation analysis examining the effects of promotive factors on the relationship between minority stress and divorce ideation. This presentation will be submitted to the Section 44 at the 2019 American Psychological Association Convention. The third presentation will be submitted 2019 American Association of Marriage & Family Therapy Annual Conference. This presentation will present a brief clinical assessment of minority stress.

Study Timeline Table

The timeline outlines the estimated time each task will need and demonstrates the progression of the current study between November and May 2019.

Task	Nov	Dec	Jan	Feb	Mar	April	May	Jun-Aug
Consult committee, propose project	→							
IRB submitted and approved	→	→						
Data Collection (Qualtrics Service)	→	→						
Run Analyses, consult committee		→	→	→	→			
Write Paper 1 /			→	→	→	→	→	
Write Paper 2 /				→	→	→	→	
Defend Dissertation						→	→	
Prepare Presentations 1-3							→	→

Appendix B

SCREENING QUESTIONS

1. What is your age in years?

2. Which of the following best describes your sexual orientation?

- 1 Heterosexual
- 2 Gay
- 3 Lesbian
- 4 Bisexual
- 5 Queer
- 6 Homosexual

3.

- ☐ I am female in a same-sex marriage
- ☐ I am male in a same-sex marriage
- ☐ I am female in a heterosexual marriage
- ☐ I am male in a heterosexual marriage
- ☐ I am not married

4.

Have you seriously considered divorce in the last 6 months?

- 1 No
- 2 Yes

MEASURES**Nondisclosure**

For this part, please tell me how much you are out of the closet to the following groups of people in your life.

1. Family?

- 0 Out to none
- 1 Out to a few
- 2 Out to some
- 3 Out to most
- 4 Out to all
- 9 *Decline to answer*

2. LGBTQ friends?

- 0 Out to none
- 1 Out to a few
- 2 Out to some
- 3 Out to most
- 4 Out to all
- 9 *Decline to answer*

3. Straight friends?

- 0 Out to none
- 1 Out to a few
- 2 Out to some
- 3 Out to most
- 4 Out to all
- 9 *Decline to answer*

4. Co-workers?

- 0 Out to none
- 1 Out to a few
- 2 Out to some
- 3 Out to most
- 4 Out to all
- 9 *Decline to answer*

5. Health care providers?

- 0 Out to none
- 1 Out to a few

- 2 Out to some
- 3 Out to most
- 4 Out to all
- 9 *Decline to answer*

Family Rejection

The following statement refer to experiences with family. For this section, family refers to parents, siblings, aunts/uncles, and grandparents.

Thinking about your life right now... How true are the following statements?

1. My family acknowledges that my partner and I are in a relationship with each other

- 0 Not at all true
- 1 Somewhat true
- 2 Moderately true
- 3 Mostly true
- 4 Completely true
- 9 *Decline to answer*

2. I have strong relationships with my family

- 0 Not at all true
- 1 Somewhat true
- 2 Moderately true
- 3 Mostly true
- 4 Completely true
- 9 *Decline to answer*

3. My family is accepting of my sexual orientation

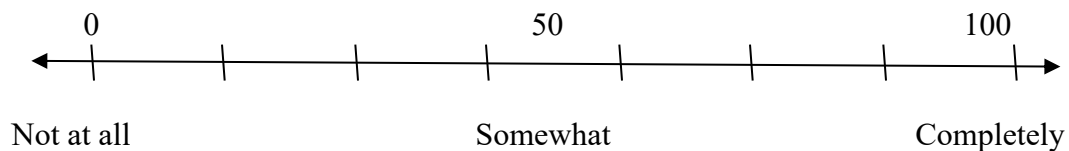
- 0 Not at all true
- 1 Somewhat true
- 2 Moderately true
- 3 Mostly true
- 4 Completely true
- 9 *Decline to answer*

4. I am welcome to attend family events with my partner (e.g., holidays)

- 0 Not at all true
- 1 Somewhat true
- 2 Moderately true
- 3 Mostly true
- 4 Completely true
- 9 *Decline to answer*

Commitment Uncertainty

1. How committed are you to this relationship?



Sexual Minority Relationship Constraints

How true are the following statements for you?

1. I feel like my marriage is an example to members of the LGBT community

0 Not at all true
 1 Somewhat true
 2 Moderately true
 3 Mostly true
 4 Completely true
 9 *Decline to answer*

2. My family will pressure me to stay married

0 Not at all true
 1 Somewhat true
 2 Moderately true
 3 Mostly true
 4 Completely true
 9 *Decline to answer*

3. Getting a divorce would look bad to members of the LGBT community

0 Not at all true
 1 Somewhat true
 2 Moderately true
 3 Mostly true
 4 Completely true
 9 *Decline to answer*

4. Getting a divorce would look bad to those who oppose same-sex marriage

0 Not at all true
 1 Somewhat true
 2 Moderately true
 3 Mostly true
 4 Completely true
 9 *Decline to answer*

Nonspecific Psychological Distress

The following questions ask about how you have been feeling during the past 30 days. For each question, please select the number that best describes how often you had this feeling.

During the past 30 days, about how often did you feel...

1.nervous?
 - 0 None of the time
 - 1 A little of the time
 - 2 Some of the time
 - 3 Most of the time
 - 4 All of the time
 - 9 *Decline to answer*

2. ...hopeless?
 - 0 None of the time
 - 1 A little of the time
 - 2 Some of the time
 - 3 Most of the time
 - 4 All of the time
 - 9 *Decline to answer*

3. ...restless or fidgety?
 - 0 None of the time
 - 1 A little of the time
 - 2 Some of the time
 - 3 Most of the time
 - 4 All of the time
 - 9 *Decline to answer*

4. ...so depressed that nothing could cheer you up?
 - 0 None of the time
 - 1 A little of the time
 - 2 Some of the time
 - 3 Most of the time
 - 4 All of the time
 - 9 *Decline to answer*

5. ...that everything was an effort?
 - 0 None of the time
 - 1 A little of the time

- 2 Some of the time
- 3 Most of the time
- 4 All of the time
- 9 *Decline to answer*

6. ...worthless?

- 0 None of the time
- 1 A little of the time
- 2 Some of the time
- 3 Most of the time
- 4 All of the time
- 9 *Decline to answer*

Redemptive Framing

1. As an individual in a same-sex relationship, I have been able to build my relationship in positive ways that are outside of societal norms

- 0 Not at all true
- 1 Somewhat true
- 2 Moderately true
- 3 Mostly true
- 4 Completely true
- 9 *Decline to answer*

2. I believe that being in a same sex relationship, that is sometimes not accepted by society, has brought my partner and I closer together

- 0 Not at all true
- 1 Somewhat true
- 2 Moderately true
- 3 Mostly true
- 4 Completely true
- 9 *Decline to answer*

3. As a sexual minority (e.g., gay, lesbian, bisexual), I am able to have a unique view of my couple relationship that others do not have of their own

- 0 Not at all true
- 1 Somewhat true
- 2 Moderately true
- 3 Mostly true
- 4 Completely true
- 9 *Decline to answer*

Connectedness to the LGBT Community

These questions are about your relationship with the LGBTQ community in general.

1. You feel you're a part of the LGBTQ community.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

2. Participating in the LGBTQ community is a positive thing for you.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

3. You feel a bond with the LGBTQ community.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

4. You are proud of the LGBTQ community.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

5. It is important for you to be politically active in the LGBTQ community.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

6. If we work together, gay, bisexual, and lesbian people can solve problems in the LGBTQ community.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

7. You really feel that any problems faced by the LGBTQ community are also your own problems.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

8. You feel a bond with other people who identify as gay or lesbian.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

Social Recognition

Choose the answer that best reflects your level of agreement with each statement.

1. I feel treated as a member with equal rights in this society

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

2. I feel respected in this society.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

9 *Decline to answer*

3. In this society, I feel my contributions are acknowledged.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

4. I feel esteemed in this society.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 9 *Decline to answer*

DEMOGRAPHICS

1. What is the zip code of your primary residence?

2. Are you Spanish/Hispanic/Latino?

- 1 Yes
- 2 No
- 9 *Decline to answer*

3. Which of the following best describe(s) your race or ethnicity? (Choose all that apply).

- 1 American Indian or Alaskan Native
- 2 Asian
- 3 Black or African-American
- 4 Native Hawaiian or Pacific Islander
- 5 White
- 6 Something else not listed (Please specify)
- 9 *Decline to answer*

4. How long have you and your partner been a couple?

5. How long have you and your partner been legally married?

6. What is the highest grade or year of school you have completed?

- 1 No schooling completed
- 2 Some high school (no diploma)

- 3 High school diploma or equivalent
- 4 Some college
- 5 Associate's degree
- 6 Bachelor's degree
- 7 Master's degree
- 8 Professional degree beyond a bachelor's degree
- 9 Doctorate degree
- 99 *Decline to answer*

7. What was your total household income before taxes during the past 12 months?

- 1 \$ 0 to \$ 4,999
- 2 \$ 5,000 to \$ 9,999
- 3 \$ 10,000 to \$14,999
- 4 \$ 15,000 to \$ 19,999
- 5 \$ 20,000 to \$ 24,999
- 6 \$ 25,000 to \$ 34,999
- 7 \$ 35,000 to \$ 44,999
- 8 \$ 45,000 to \$ 54,999
- 9 \$ 55,000 to \$ 64,999
- 10 \$65,000 to \$ 74,999
- 11 \$ 75,000 to \$ 99,999
- 12 \$100,000 to \$149,000
- 13 \$150,000 to \$199,999
- 14 \$200,000 to \$299,999
- 15 \$300,000 to \$499,999
- 16 \$500,000 to \$999,999
- 17 \$1,000,000 or more
- 99 *Decline to answer*

8. Do you think of yourself as (please check all that apply):

- 1 Straight
- 2 Gay or lesbian
- 3 Bisexual
- 4 Transgender, transsexual, or gender non-conforming

IF yes to transgender, then probe:

- 1 Transgender or transsexual, male to female
- 2 Transgender or transsexual, female to male
- 3 Gender non-conforming